

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4001

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Sr. M. Erharda

2. DATE
OF

DEATH April 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 901 Aisquith Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-02

B. FULL NAME OF HOSPITAL OR INSTITUTION

Motherhouse of Notre Dame

O. STREET ADDRESS (If rural, give location)

901 Aisquith

C. Length of stay in Baltimore 45 Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 24, 1888

9. AGE (In years last birthday) II Under 1 Year Months: Days Hours: Min.

64

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10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Boston Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Sommer

14. MOTHER'S MAIDEN NAME

Agnes Schmitt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Sr. M. Stan. Kostka S.S.N.D.

ADDRESS

18.

193X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) _____
DUE TO

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

4 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO

Origin unknown. Possibly ovarian

1 yr

II

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/152

19B. MAJOR FINDINGS OF OPERATION

Inoperable carcinoma (site of origin unknown)

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 27, 1952, to April 25, 1953, that I last saw the deceased alive on April 24, 1953, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas D. Dwyer

23B. ADDRESS

1120 St Paul St

23C. DATE SIGNED

4/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4-27-53

24C. NAME OF CEMETERY OR CREMATORY

VILLA MARIA CEM.

24D. LOCATION (City, town, or county)

NOTCH CLIFF NR TOWSON, MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Guler

ADDRESS

901 S. CONKLING ST.

APR 26 1953

BALTO., MD.

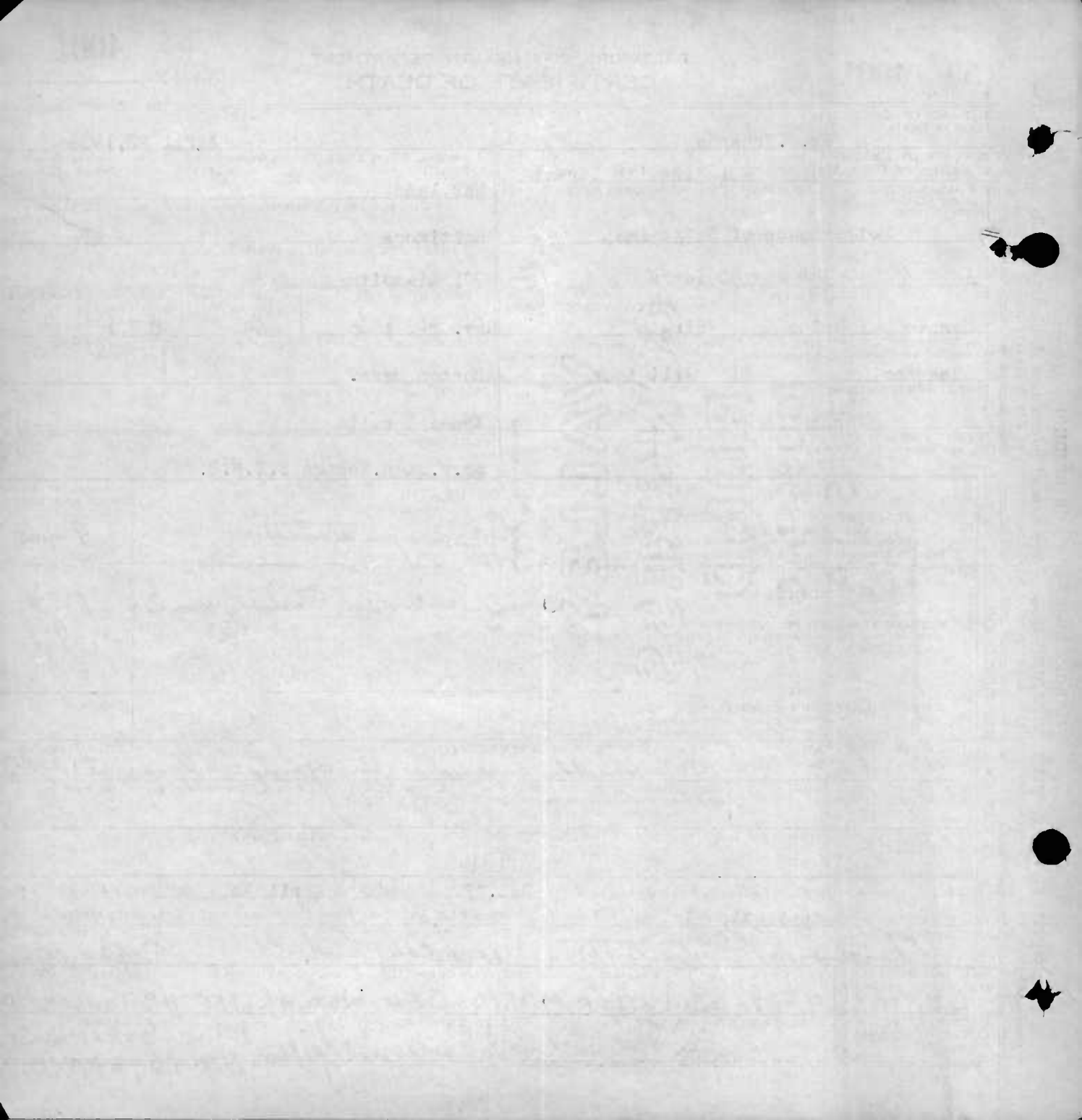
VS 150

0938V

BALTO., MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M-600

53 4002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4002
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Moore CHARLES E. MOORE			2. DATE OF DEATH 4-25-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Howard		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN Jessups (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Washington Blvd.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-23-1911	9. AGE (In years last birthday) 41	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY Tavern Restaurant			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Randolph Moore			14. MOTHER'S MAIDEN NAME Emma Henson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Illie Moore, Jessups, Md.			ADDRESS		

18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Gunshot wound of (A) DUE TO Abdomen & Peritoneal (B) DUE TO Hemorrhage (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Tavern		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Jessups, Md.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Apr 25 '53 12:15		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Shot in scuffle.	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. 4-25-53		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-28-53		24C. NAME OF CEMETERY OR CREMATORY Asbury	
24D. LOCATION (City, town, or county) Annapolis Jct. Md		(State)			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md.	

VS 151

N 879.2

2906M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4003	
BIRTH NO. 53 4003					
1. NAME OF DECEASED (Type or Print) Charles C. Schramm (Schramm)			2. DATE OF DEATH 4-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 1-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3108 E Lombard St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH May 22 1894	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grave digger			11. BIRTHPLACE (State or foreign country) Balto		
13. FATHER'S NAME Wm Schramm			14. MOTHER'S MAIDEN NAME Margaret Liebert		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS Mrs Emma Peitz 3108 E Lombard		
16. SOCIAL SECURITY NO.			12. CITIZEN OF WHAT COUNTRY?		
18. E835.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Skull Fracture			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Epidural + Subdural hemorrhage					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO Contusion of Brain					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cemetery		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) North Ave & Rose St. (Cemetery)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 21 53 - 11 1/2 AM		21E. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? Fell from moving truck.	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Updegraff		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 4-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/28/53		24C. NAME OF CEMETERY OR CREMATORY National Cem	
24D. LOCATION (City, town, or county) (State) Balto		25. FUNERAL DIRECTOR		ADDRESS McWhorter Funeral Home 2004 Orleans	
DATE RECEIVED BY LOCAL REGISTRAR APR 26 1953		REGISTRAR'S SIGNATURE Huntington Williams			
VS 151 N803.2 97074					

[Faint, illegible handwriting on lined paper]



M-320

MATTERS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4004**53 4004
BIRTH NO.1. NAME OF DECEASED
(Type or Print)*Herman Matters*2. DATE
OF
DEATH*4-22-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Franklin Square Hosp*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *335 S Conkling St. Baltimore Md.*

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*Franklin Square Hosp.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md. 26-08

D. STREET ADDRESS (If rural, give location)

335 S Conkling

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*Nov-12-1892*9. AGE (In years
last birthday)*60 yrs*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Machinist*10B. KIND OF BUSINESS OR
INDUSTRY*Westinghouse*

11. BIRTHPLACE (State or foreign country)

*Md*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August Matters

14. MOTHER'S MAIDEN NAME

*Anna Kriebel*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Wm Elsie Matters 1831 Federal Ave

18.

241X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Myocardial Failure*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*4 yrs.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Heart strain from bronchial asthma
and Emphysema*

DUE TO

6 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April*, 19*47*, to *April 22*, 19*53*, that I last saw the
deceased alive on *April 22*, 19*53*, and that death occurred at *7:40 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Wm B. Schreier

23B. ADDRESS

54 S. Fulton Ave.

23C. DATE SIGNED

*4-23-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**4/27/53**St Paul Rchd**Baltimore*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*APR 26 1953**Huntington Williams, Mortuary, 2004 Calver*

VS 150

6903M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEDERAL BUREAU OF INVESTIGATION
CENTRAL OFFICE OF INVESTIGATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4005**BIRTH NO. **53 4005**

1. NAME OF DECEASED (Type or Print) WILLIAM HECKELMAN		2. DATE OF DEATH April 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1105 E. Fayette St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Fayette Convalescent Home C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2418 E. Orleans St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Mar. 23, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Trucking Co.,	9. AGE (In years last birthday) 62 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Heckelman		14. MOTHER'S MAIDEN NAME Augusta Biskator	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Henry Heckelman		ADDRESS 2418 Orleans St.	
18. 153X and 029X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) carcinoma of transverse colon DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. SYPHILIS emaciation			INTERVAL BETWEEN ONSET AND DEATH 1 yr. ? sev mos.
19A. DATE OF OPERATION SEPT 19 1952		19B. MAJOR FINDINGS OF OPERATION CARCINOMA OF TRANSVERSE COLON	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from FEB 13, 1953 to APRIL 24, 1953 , that I last saw the deceased alive on APRIL 23, 1953 , and that death occurred at 9:45 A.M. , from the causes and on the date stated above.	
23A. SIGNATURE E. Ellsworth, Col.		23B. ADDRESS 2431 MARYLAND AVENUE	
23C. DATE SIGNED 4-25-53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Apr. 28, 1953		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) (State) Colgate, Md.		25. FUNERAL DIRECTOR Ullrich Funeral Home	
DATE RECEIVED BY LOCAL REGISTRAR APR 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
ADDRESS 2008 Orleans St.,			

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

BIRTH NO. 53 40063-09427 CERTIFICATE OF DEATH

53 4006

1. NAME OF DECEASED (Type or Print) BABY GIRL PUGH			2. DATE OF DEATH APRIL 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE TOWSON		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 8714 EDDINGTON RD.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH APRIL 25, 1953		9. AGE (In years last birthday) Months: Days: Hours: Min. 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME THOMAS J. PUGH			14. MOTHER'S MAIDEN NAME KATHLEEN M. PUGH		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Hosp. Records.	

18. 774x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIO-RESPIRATORY FAILURE DUE TO (A) CARDIO-RESPIRATORY FAILURE		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PREMATURITY DUE TO (B) PREMATURITY		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? 3:52 pm	
22. I hereby certify that I attended the deceased from April 25, 1953 to April 25, 1953 , that I last saw the deceased alive on April 25, 1953 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Martina Throna - Critez		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 4-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 27, 1953		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) Belt. Md.		24E. STATE Md.		25. FUNERAL DIRECTOR ADDRESS 6. Linn Lamm, 4611 Ph. Hgts. Ave.	
DATE RECEIVED BY LOCAL REGISTRAR APR 26 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS 6. Linn Lamm, 4611 Ph. Hgts. Ave.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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53 4007

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4007
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN L. SHRINER

2. DATE
OF
DEATH

4-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MD. GEN. HOSP.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

11-02

D. STREET ADDRESS (If rural, give location)

839 PARK AVE. #1

c. Length of stay in Baltimore

53 Yrs. 53 Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2-17-01

9. AGE (In years last birthday)

53

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR INDUSTRY

C. OF C.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

SAMUEL SHRINER

14. MOTHER'S MAIDEN NAME

LULA SLONAKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

SCOTT SLONAKER

WESTMINSTER, MD

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL VASCULAR ACCIDENT 4 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE DISEASE

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

G. I. HEMORRHAGE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

839 PARK AVE. #1

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

PT. FOUND UNCONSCIOUS ON FLOOR OF HOME.

22. I hereby certify that I attended the deceased from 4-21, 1953, to 4-25, 1953, that I last saw the deceased alive on 4-25, 1953, and that death occurred at 8 P m., from the causes and on the date stated above.

23A. SIGNATURE

H. Duckworth

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

4-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

Huntington Williams, MD

J. S. Myers, Jr. Westminister, Md.

LVS 150

3908X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FVJ 169350

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 4008
Registered No.1. NAME OF DECEASED
(Type or Print)

Thelma Catherine Griffith

2. DATE
OF
DEATH

4-24-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)Baltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

728 East 30th Street

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 10, 1952

9. AGE (In years
last birthday)

8 mos.

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Griffith

14. MOTHER'S MAIDEN NAME

Dorothy Pierce

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
B.C.H. 4940 Eastern Ave. (records)

18.

010X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Tuberculous Meningitis

2½ months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 - 8 - , 1953, to 4 - 24 - , 1953, that I last saw the
deceased alive on 4 - 24 - , 1953, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Key, M.D.

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

4-24-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 27/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Taylor Ave.,

Md

DATE RECEIVED BY
LOCAL REGISTRAR

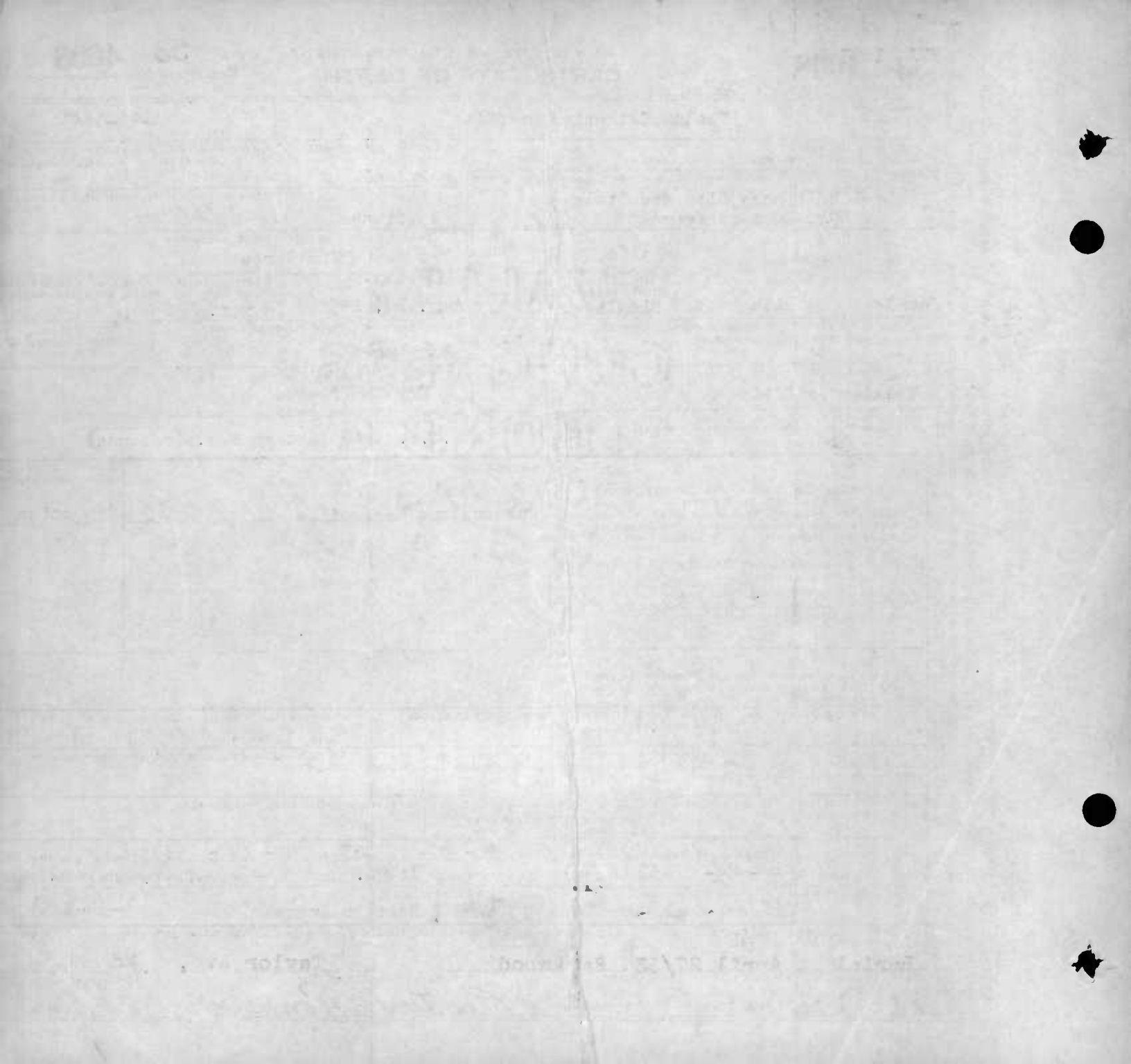
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Austin E. Donovan - 3818 Roland
Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4009 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) MARY ANN BARGE				2. DATE OF DEATH 4/25/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-02	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) Satrobe - Charles + Reed	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/31/81	9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own House		11. BIRTHPLACE (State or foreign country) Benton, Wisconsin	
13. FATHER'S NAME John Bunt				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				14. MOTHER'S MAIDEN NAME Henrietta Calvert	
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS Norbert H. Barge - Satrobe - Reed	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebrovascular Accident DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/19/53 , 19__, to 4/25/53 , 19__, that I last saw the deceased alive on 4/25/53 , 19__, and that death occurred at 5 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE H. Wildberger				23B. ADDRESS University Hospital	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation				24B. DATE 4/27/53	
24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematorium				24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 4th Cook Inc. 1217 St. Paul St.	

1000 22

STATE OF NEW YORK
CERTIFICATE OF DEATH

1000

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benjamin Chesses

2. DATE
OF
DEATH

April 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med 9 Day 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

28-41

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7

D. STREET ADDRESS (If rural, give location)

3819 Parkview Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-16-1912

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bar Tender

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Julius Chesses

14. MOTHER'S MAIDEN NAME

Sarah Gerber

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

240-15-2248

17. INFORMANT
ADDRESS

JOHNS HOPKINS HOSPITAL

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac arrhythmia, acute

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerotic Cardiovascular Disease

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25-1953 to 4-26-1953, that I last saw the
deceased alive on 4-26-1953, and that death occurred at 9:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-26-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Worham Circle

24D. LOCATION (City, town, or county)

Baltimore, Md. German Hill Road

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 27 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Bal Levinson & Bros

ADDRESS

1124 W. North Ave

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4011
Registered No.1. NAME OF DECEASED
(Type or Print)

ARTHUR MURRAY

2. DATE
OF
DEATH 4/23/533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

Provident Hospital

D. STREET ADDRESS (If rural, give location)

1002 Linden Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

11/8/10

9. AGE (In years
last birthday)

43

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
laborer10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Teachews, North Carolina12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Faison

14. MOTHER'S MAIDEN NAME

Nancy Faison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 321X 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intrapontine hemorrhage

DUE TO Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held on _____ autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR.....☐ Apr. 23, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/27/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Chas. Alexander, 611 George

VS 151

97099

Est

1104

83

CERTIFICATE OF DEATH

1104

Revised

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4012****53 4012**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**DR ERNEST S EDLOW**2. DATE
OF
DEATH**4-25-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md 13-02

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hospital Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2353 Eutaw Place

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

Male**White****married****1-21-1896****57**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Physician

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Baltimore Md

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Levi Edlavitch**Minnie**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

YES**WAR I****Edlow Edlow - Same**18. **420.1**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Sudden

ANTECEDENT CAUSES

(B)

DUE TO

coronary artery sclerosis**4 months**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **Dec 1952**, to **April 25, 1953**, that I last saw the deceased alive on **4/24**, 19**53**, and that death occurred at **3:45** p. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

Therese B. Kins

M. D.

2320 Eutaw Pl**4-25-53**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial**4-27-1953****Har Sinai****Balto****Md**

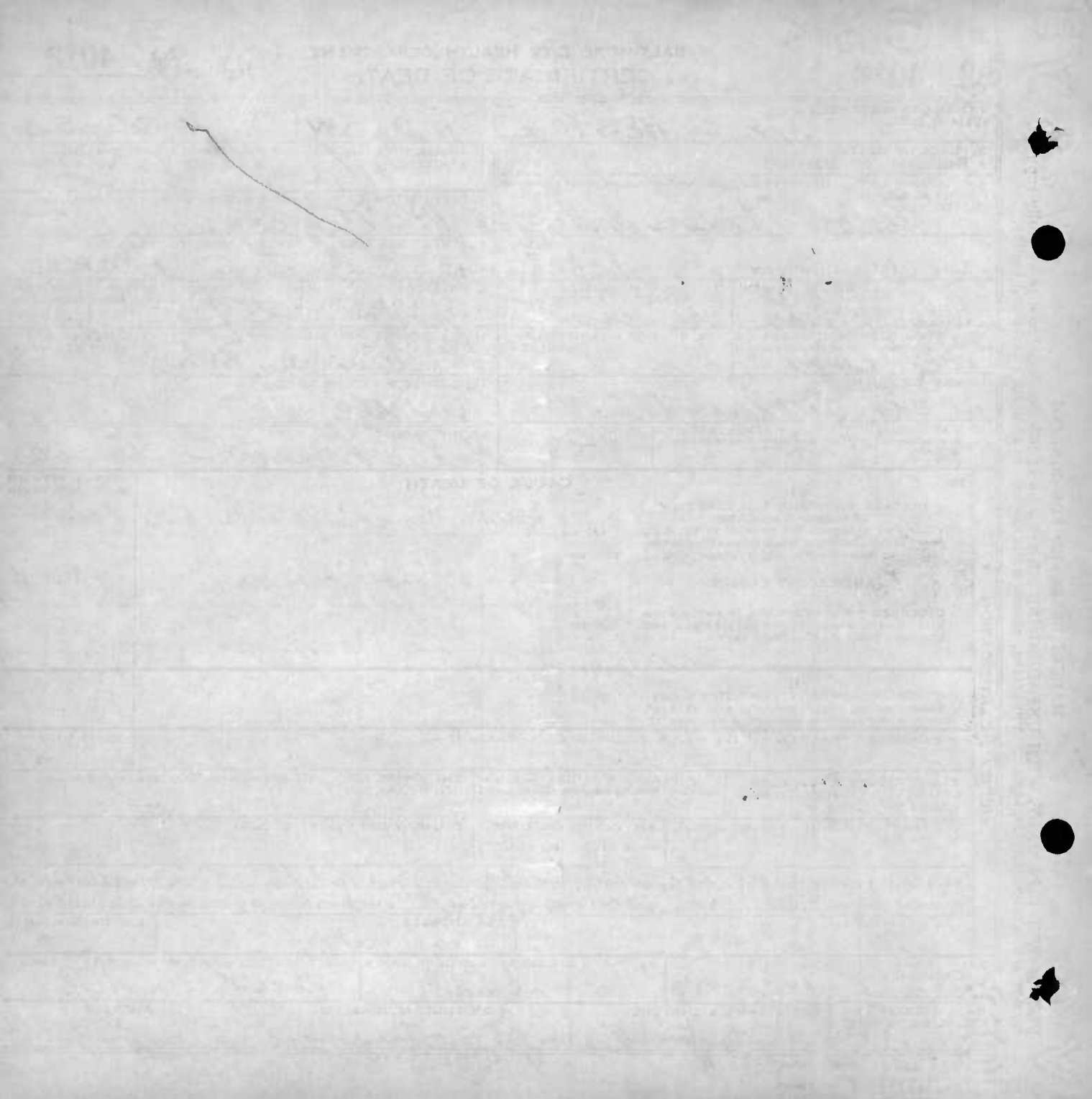
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 27 1953**Huntington Williams****2100 Eutaw Pl**



The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR FINDING

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4013 Registered No.
1. NAME OF DECEASED (Type or Print) <i>Evelyn Foley</i>			2. DATE OF DEATH <i>4-25-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF (not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 12-04</i>	
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2103 N. Calvert st.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11/6/1927</i>	9. AGE (In years last birthday) <i>25</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>
13. FATHER'S NAME <i>Maurice Shipley</i>			14. MOTHER'S MAIDEN NAME <i>Evelyn Heiges</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Albert Foley</i> ADDRESS <i>2103 N. Calvert st.</i>
18. <i>E929.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Drowning</i> DUE TO <i>(B) Barbiturate Intoxication</i> DUE TO <i>(C)</i>				INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>2103 N. Calvert St.</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Found 4:30 p.m. 4-25-53 m.</i>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? <i>Found drowned in bathtub</i>
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/>				
23A. SIGNATURE <i>William J. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <i>4-26-53</i>
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4/28/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. Cook Inc.</i> ADDRESS <i>1217 St. Paul st.</i>	

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THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

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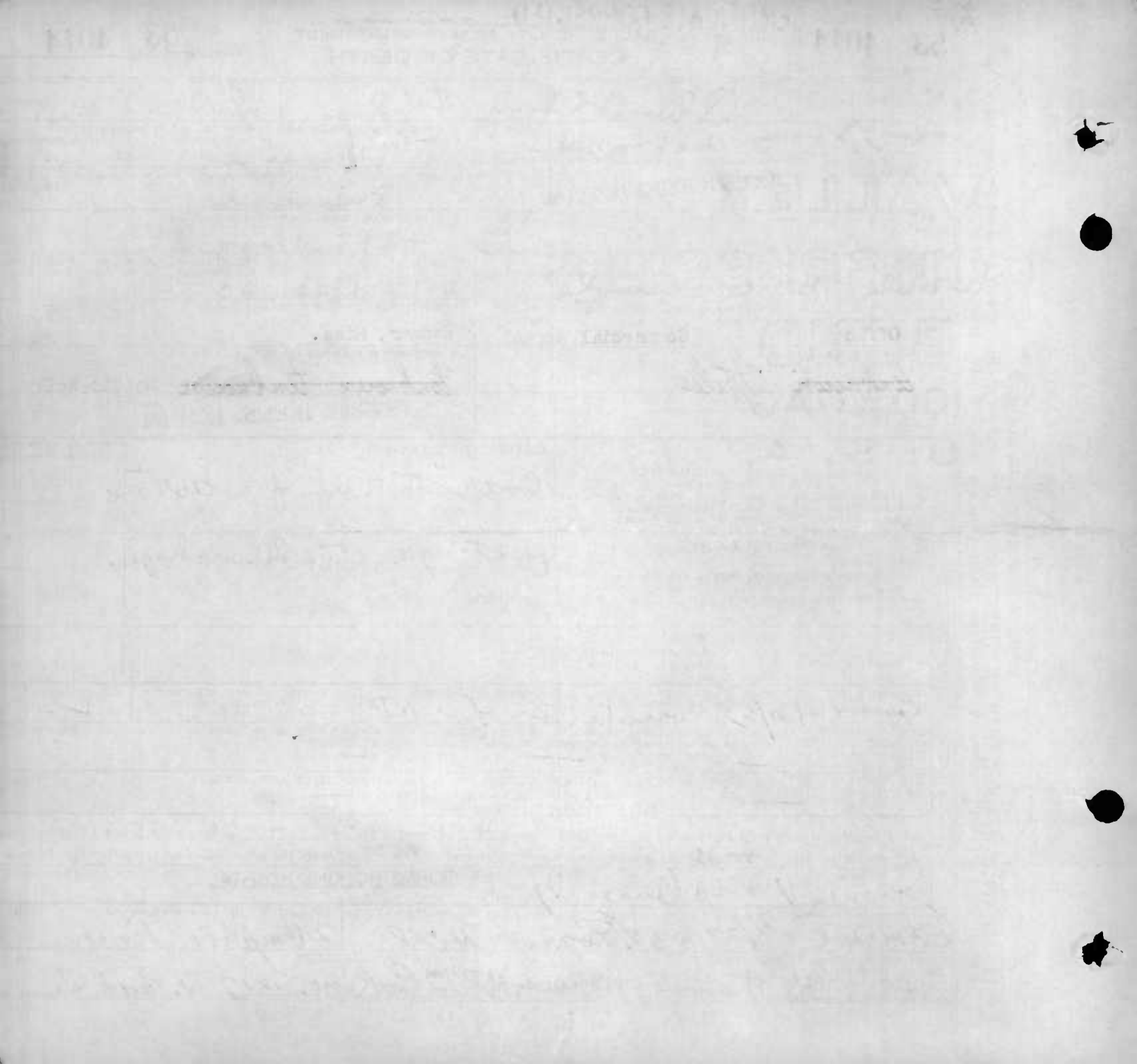
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4014		5-53		BALTIMORE CITY HEALTH DEPARTMENT		53 4014	
CERTIFICATE OF DEATH							
BIRTH NO.				2. DATE OF DEATH			
1. NAME OF DECEASED (Type or Print)				April 26, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE			
B. FULL NAME OF HOSPITAL OR INSTITUTION				B. COUNTY			
C. CITY OR TOWN				D. STREET ADDRESS			
E. LENGTH OF STAY IN BALTIMORE				F. DATE OF BIRTH			
G. SEX				H. AGE (In years last birthday)			
I. COLOR OR RACE				J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			
K. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				L. KIND OF BUSINESS OR INDUSTRY			
M. FATHER'S NAME				N. MOTHER'S MAIDEN NAME			
O. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				P. SOCIAL SECURITY NO.			
Q. INFORMANT				R. ADDRESS			
S. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				T. CAUSE OF DEATH			
U. ANTECEDENT CAUSES				V. INTERVAL BETWEEN ONSET AND DEATH			
W. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				X. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
Y. DATE OF OPERATION				Z. CONDITION FOR WHICH OPERATION WAS PERFORMED			
AA. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				AB. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
AC. TIME (Month) (Day) (Year) (Hour) OF INJURY				AD. INJURY OCCURRED			
AE. HOW DID INJURY OCCUR?				AF. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
AG. I hereby certify that I attended the deceased from				AH. to			
AI. deceased alive on				AJ. and that death occurred at			
AK. SIGNATURE				AL. ADDRESS			
AM. DATE				AN. NAME OF CEMETERY OR CREMATORY			
AO. LOCATION (City, town, or county)				AP. (State)			
AQ. DATE RECEIVED BY LOCAL REGISTRAR				AR. REGISTRAR'S SIGNATURE			
AS. FUNERAL DIRECTOR				AT. ADDRESS			

VS 150

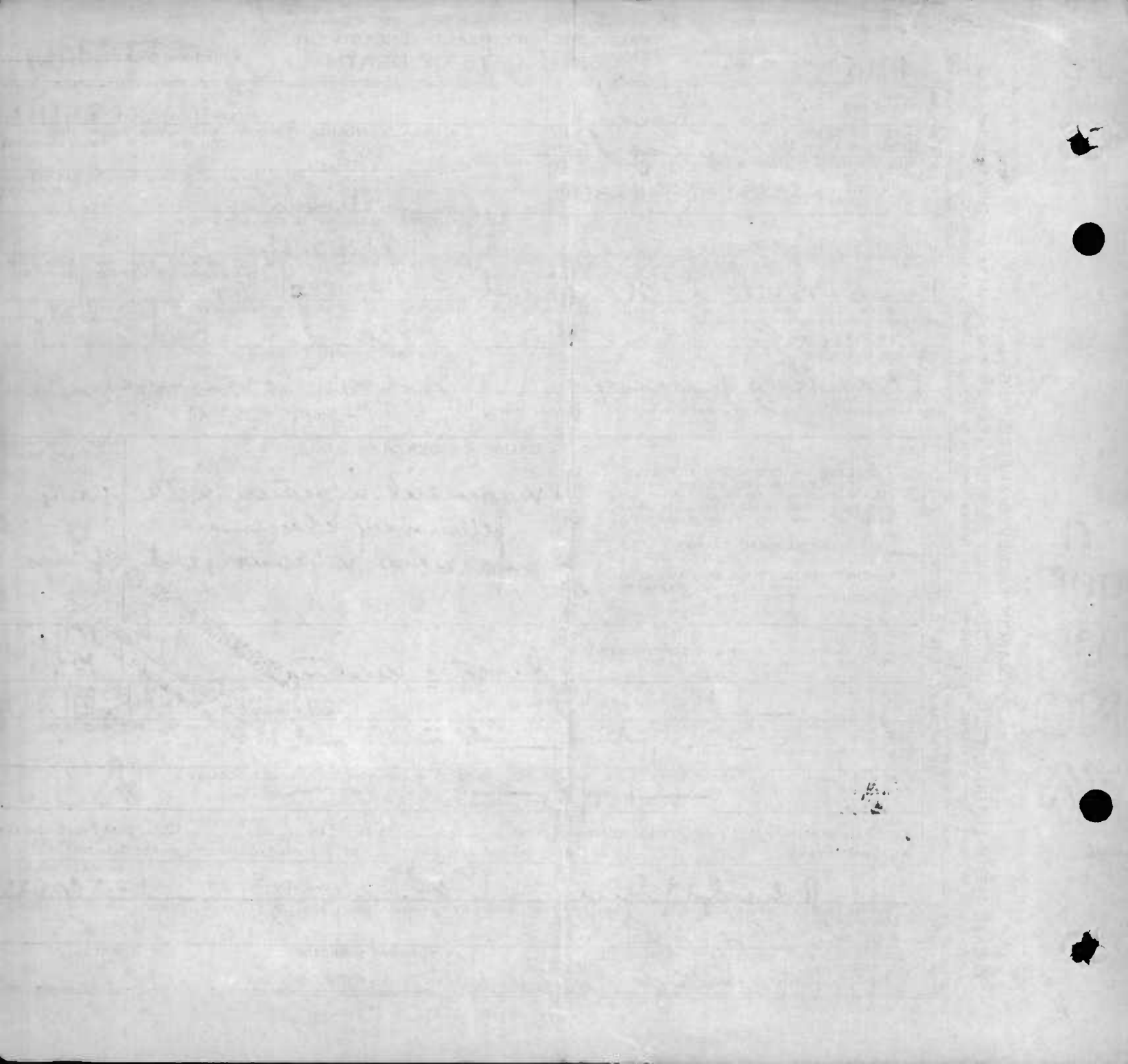
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D.O.A. med. & x case - Released to Hosp.				BALTIMORE CITY HEALTH DEPARTMENT		CERTIFICATE OF DEATH		Registered No. 53 4015	
BIRTH NO. 4015a.c.c.				NAME OF DECEASED (Type or Print) <u>Laura Keene</u>		2. DATE OF DEATH <u>April 25, 1953</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Acc Room</u>				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md.</u>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		27-01			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) <u>4618 Belair Rd.</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-14-1892</u>	9. AGE (In years last birthday) <u>60</u>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <u>Frank S. Shaney</u>		14. MOTHER'S MAIDEN NAME <u>Mary Northman</u>		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.							
18. <u>420.1 and 260X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES				(A) <u>myocardial infarction with pulmonary edema</u> DUE TO				1 day	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B) <u>myocardial infarction, old</u> DUE TO				10 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				<u>Diabetes mellitus</u>				10 yrs	
19A. DATE OF OPERATION <u>7</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS LIMITED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23A. SIGNATURE <u>Richard Johnson</u> M. D.				23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>25 Apr 53</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Apr 27-1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore</u>		24D. LOCATION (City, town, or county) (State) <u>Balto md</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 27 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Tom Cook Inc - 1217 St Paul St.</u>		ADDRESS			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 4016		Registered No. 53 4016	
BIRTH NO. 53 4016							
1. NAME OF DECEASED (Type or Print) <i>Mary J. Meehan</i>				2. DATE OF DEATH <i>April 26, 1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Red. H 2</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-07</i>			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>2916 Northern Parkway</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>10-26-51</i>	9. AGE (In years last birthday) <i>1</i>	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James J Meehan</i>				14. MOTHER'S MAIDEN NAME <i>Irene Catherine Bailor</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>222X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Sturge-Weber's Syndrome</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>?</i>							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>4-24-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>hemangioma-</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4-23</i> 19 <i>53</i> , to <i>4-26</i> 19 <i>53</i> , that I last saw the deceased alive on <i>4-26</i> 19 <i>53</i> , and that death occurred at <i>7:08 A.M.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>J. Ralph Duman, Jr.</i>				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-26-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4-29-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Mem. Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 27 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Leonard J. Ruck</i>		ADDRESS <i>5305 Harford Road.</i>	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

53 4017 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4017 Registered No.	
1. NAME OF DECEASED (Type or Print) <u>James Wilson Jr.</u>			2. DATE OF DEATH <u>4-26-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 26-02</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>5202 Barbara Avenue</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec. 9, 1932</u>	9. AGE (In years last birthday) <u>20</u>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packing Dept.</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Slip Cover</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>
13. FATHER'S NAME <u>James A. Wilson, Sr.</u>			14. MOTHER'S MAIDEN NAME <u>Anne M. Taylor</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Mr. James A. Wilson, Sr.</u>			ADDRESS <u>same</u>		
18. <u>E823.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Rupture of liver & spleen</u> DUE TO ANTECEDENT CAUSES <u>Massive Peritoneal Hemorrhage</u> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH <u>Rupture of liver & spleen</u> <u>Massive Peritoneal Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Road.</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Echodale & Frankfort Ave</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>April 26 '53 4 a. m.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Car struck pole - passenger</u>	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William V. Smith</u>			23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR..... <u>4-26-53</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>4-29-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 27 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>			
FUNERAL DIRECTOR <u>Leonard E. Ruck</u>		ADDRESS <u>5305 Harford Road.</u>			
VS 151 <u>N864.2</u> <u>6904H</u>					

22 JULY

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

4-13

Transcript of

Interview

with

Mr. [Name]

on July 1, 1963

at [Location]

by [Name]

Mr. [Name], [Address]

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4018

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Elizabeth Hunt

2. DATE
OF
DEATH

April 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4019 Falls Road

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4019 Falls Road

C. Length of stay in Baltimore

50 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 27, 1860

9. AGE (In years
last birthday)

93

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Daniel Hare

14. MOTHER'S MAIDEN NAME

Elizabeth Hoffacker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

214-24-2505D

17. INFORMANT

Mrs. Elmer E. Wilmer 4019 Falls Road

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10-1942 to 4-24-1953, that I last saw the
deceased alive on 4-24-1953, and that death occurred at 12-1 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence H. Homan

M. D.

23B. ADDRESS

3711 Falls Rd

23C. DATE SIGNED

4-24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Harrison

25. FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falls Road

ADDRESS

Horace F. Burgee

CONFIDENTIAL - SECURITY INFORMATION

SECRET

TO: DIRECTOR, FBI (100-441111)

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: 10/10/60

CLASS: [REDACTED]

EXTENSION: [REDACTED]

ATTENTION: [REDACTED]

REFERENCE: [REDACTED]

REMARKS: [REDACTED]

100-441111-100000-100000

[REDACTED]

[REDACTED]

[REDACTED]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4019
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GERTRUDE DURKEE (GERTRUDE DURKEE)

2. DATE
OF
DEATH

4/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3003 Fleetwood Avenue

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 1, 1871

9. AGE (in years

last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Meyer

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

none

17. INFORMANT 3003 Fleetwood Avenue 14
Mrs. Irene H. Hottendorf

18. 585X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Septicemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cholangitis

DUE TO

(C) Empyema of Gall Bladder

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1953 to 4/23, 1953, that I last saw the deceased alive on 4/23, 1953 and that death occurred at 9:58 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Jack Fine

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/28/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 150

Henry Sander

1700
17/5
4

53 4020

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4020
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ALBERT EISENBERG		Apr. 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2200 Mayfield Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-01			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2200 Mayfield Avenue			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 30, 1891	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10B. KIND OF BUSINESS OR INDUSTRY Medical	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Adolph C. Eisenberg		14. MOTHER'S MAIDEN NAME Lydia A. Baughman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO.		17. INFORMANT 2200 Mayfield Avenue 13 Mrs. Helen N. Eisenberg	
18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Myocardial Insufficiency DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 to 4/24/53, that I last saw the deceased alive on 4/25/53, and that death occurred at 2:30 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Thomas L. Worsley, M. D.		23B. ADDRESS 2900 Alameda Blvd		23C. DATE SIGNED 4/25/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 4/27/53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR APR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	

AB-169802

CERTIFICATE CORRECTED 4-30-53

F-620

53 4021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 4021

1. NAME OF DECEASED
(Type or Print)

Vincent Farace

2. DATE
OF
DEATH

April 25-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1004 Hatch Ct. zone 25

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 7-1922

9. AGE (In years last birthday)

(30) 29

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Anthony Farace

(Dec.)

14. MOTHER'S MAIDEN NAME

Genenieve (Genenienle) Tefstano

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-14-2690

17. INFORMANT

Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24-1953 to 4-25-1953, that I last saw the deceased alive on 4-25-1953, and that death occurred at 11:15 PM from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

4-25-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-29-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Belair Rd. Balto. Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Joseph Farace Inc. 712-14 E. North Ave

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10-10-10

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10-10-10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4022

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4022

1. NAME OF DECEASED
(Type or Print)

Frederick Frank Mineburg

2. DATE
OF DEATH April 26, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

31 Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3611 Kimble Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Mar. 4, 1892

9. AGE (In years last birthday)

61

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Lithographer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Mineburg

14. MOTHER'S MAIDEN NAME

Ida Heidrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Maybelle E. Mineburg, same

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Coronary thrombosis
Cardiovascular disease
arteriosclerosis

10 Min

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to , 19 , that I last saw the deceased alive on Apr 21, 1953, and that death occurred at 9 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4-29-53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

APR 27 1953

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

VS 150

571 4M

Dr. Niblett

April 20, 1925

Dr. Niblett

Dr. Niblett

Dr. Niblett

Dr. Niblett

Dr. Niblett

Dr. Niblett

Dr. Niblett

Dr. Niblett

Dr. Niblett

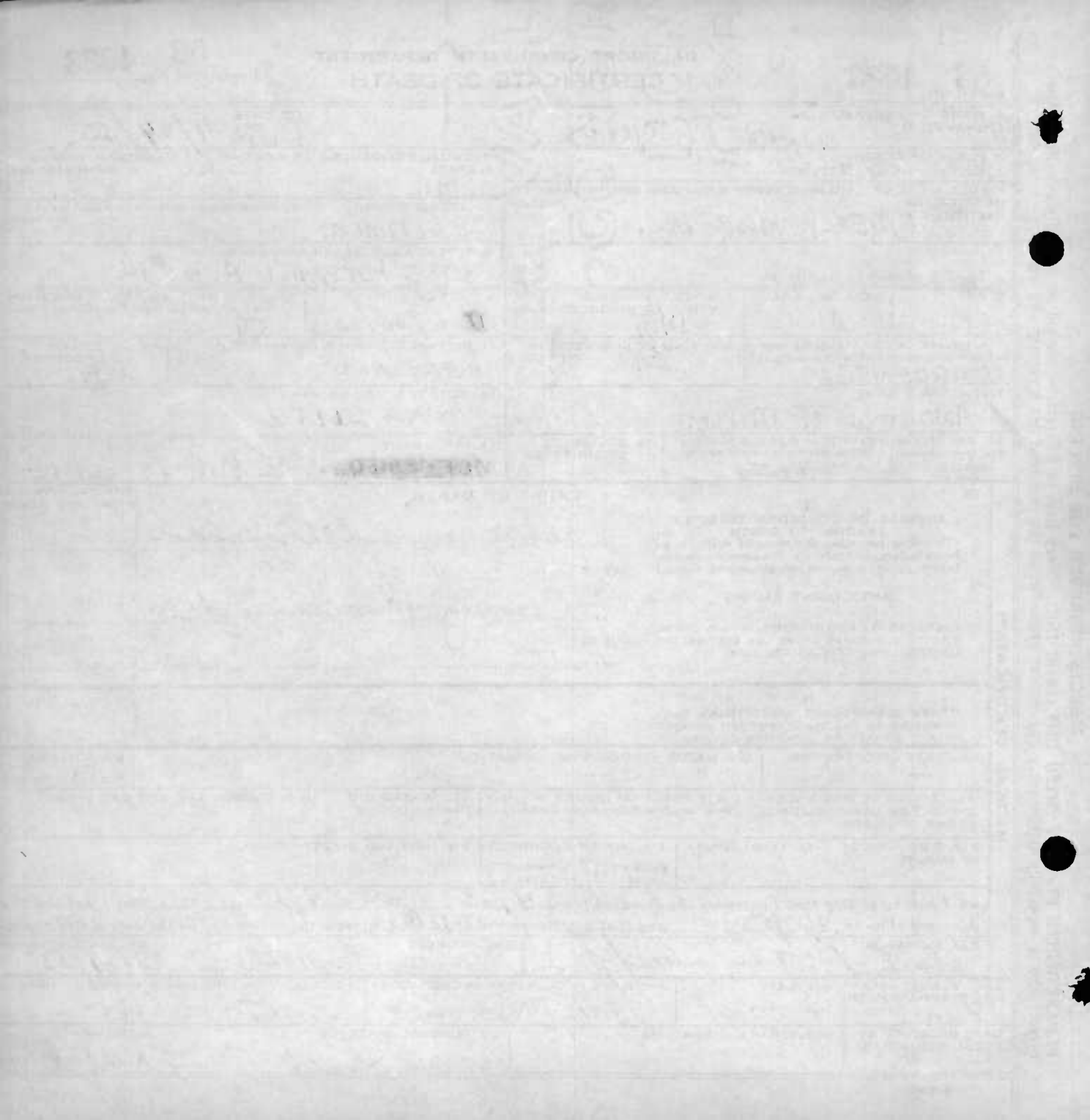
Dr. Niblett

Dr. Niblett

Dr. Niblett

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4023**BIRTH NO. **53 4023**

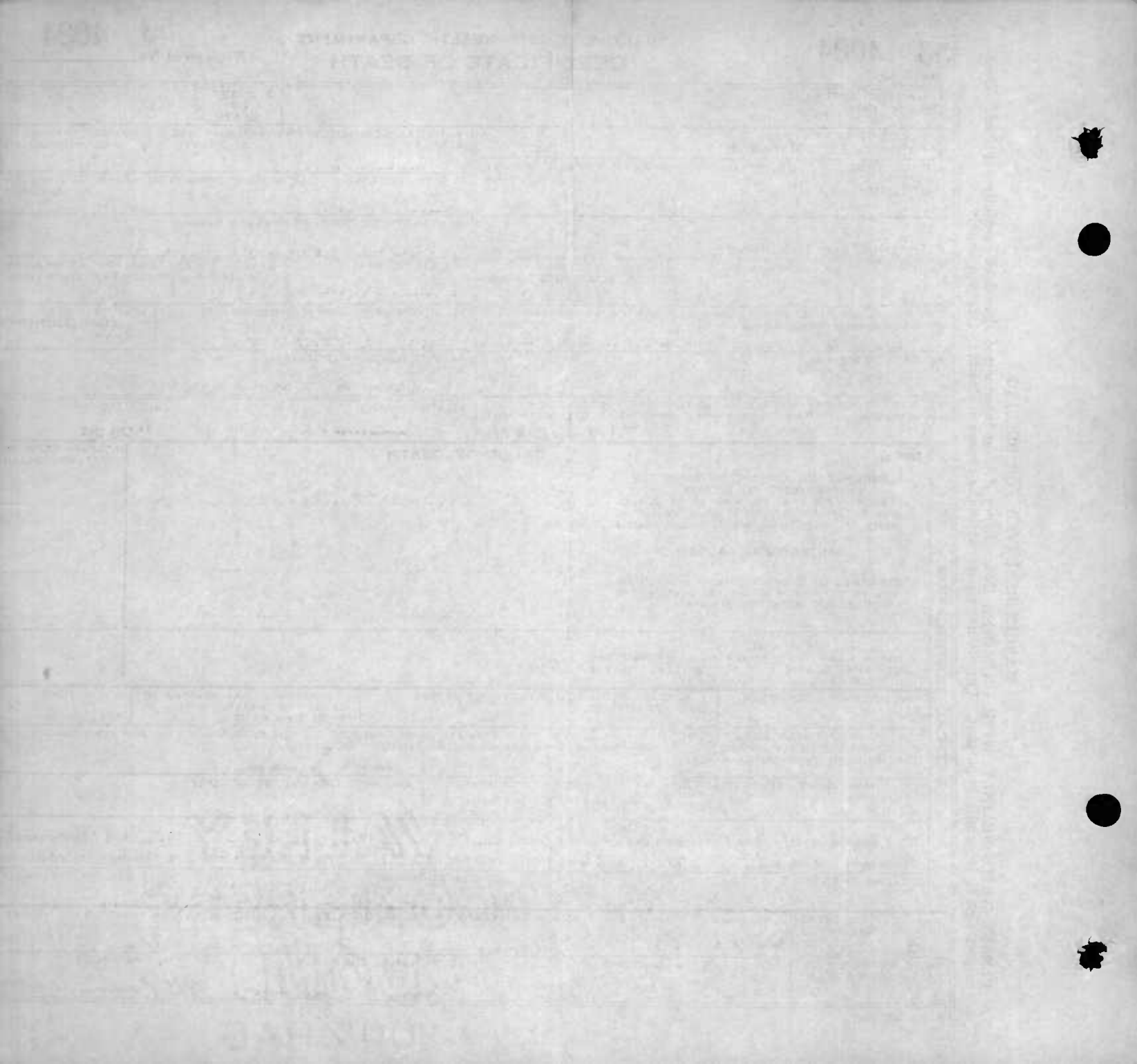
1. NAME OF DECEASED (Type or Print) JOHN P. MILLER			2. DATE OF DEATH 4/29/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSP. INC.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 59 Yrs. 2 Mos. 2 Wks.			D. STREET ADDRESS (If rural, give location) 3033 PUTTYHILL AVE #14		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6/30/93	9. AGE (in years; last birthday) 59	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME ANDREW T. MILLER			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WWI			16. SOCIAL SECURITY NO. Croft		
17. INFORMANT MRS. MARIE B. Miller			ADDRESS SAME		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial infarction			CAUSE OF DEATH (A) DUE TO Coronary thrombosis, acute		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO		
(C) DUE TO					
ii OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/26 , 19 53 , to 4/27 , 19 53 , that I last saw the deceased alive on 4/27/53 , 19 53 , and that death occurred at 12:10 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Frank J. Thurnhaufer M.D.			23B. ADDRESS St. Mary's Hospital		23C. DATE SIGNED 4/27/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-30-53	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) BALTO MD	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Leonard Luck		25. FUNERAL DIRECTOR ADDRESS 5305 Harford Rd	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 4024		Registered No. _____	
CERTIFICATE OF DEATH							
BIRTH NO. _____				1. NAME OF DECEASED (Type or Print) ERNEST DEAN			
2. DATE OF DEATH 4/25/53							
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 1001 Argyle Ave							
5. SEX M		6. COLOR OR RACE C		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 23		8. DATE OF BIRTH 10/29/1900	
9. AGE (In years last birthday) 52		10. UNDER 1 Year Months: Days		11. UNDER 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver				10B. KIND OF BUSINESS OR INDUSTRY Truck Motor Lines			
11. BIRTHPLACE (State or foreign country) N. Carolina				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Ernest				14. MOTHER'S MAIDEN NAME Georgia Watkins			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 217-05-4984		17. INFORMANT Deceased	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic nephritis				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease Hypertensive Heart Disease							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/20 , 1953, to 4/25 , 1953, that I last saw the deceased alive on 4/25 , 1953, and that death occurred at 5:30 A m., from the causes and on the date stated above.							
23A. SIGNATURE David Taxdal M.D.				23B. ADDRESS University Hospital		23C. DATE SIGNED 4/25/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-30-53		24C. NAME OF CEMETERY OR CREMATORY Unknown		24D. LOCATION (City, town, or county) (State) Richburg Va.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR Wm. A. Jackson		ADDRESS 916 Penna. Ave.	



53 4025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4025

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Slabos

2. DATE
OF
DEATH

APR 19 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med Cpl 6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 12-01

D. STREET ADDRESS (If rural, give location)

3908 Canterbury Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

3-21-88

9. AGE (In years
last birthday)

65

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

BETHLEHEM STEEL CO

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

263-09-0210

17. INFORMANT ADDRESS

ADAM ROWALESKI, 406 S. Broad ST
JOHNS HOPKINS HOSPITAL

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

arteriosclerotic Cardio-
vascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-1953, to 4-19-1953 that I last saw the
deceased alive on 4-19-1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

David L. Lewis M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4-27-53

24C. NAME OF CEMETERY OR CREMATORY

ST. STANISLAUS

24D. LOCATION (City, town, or county)

1300 DUNDALK AVE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

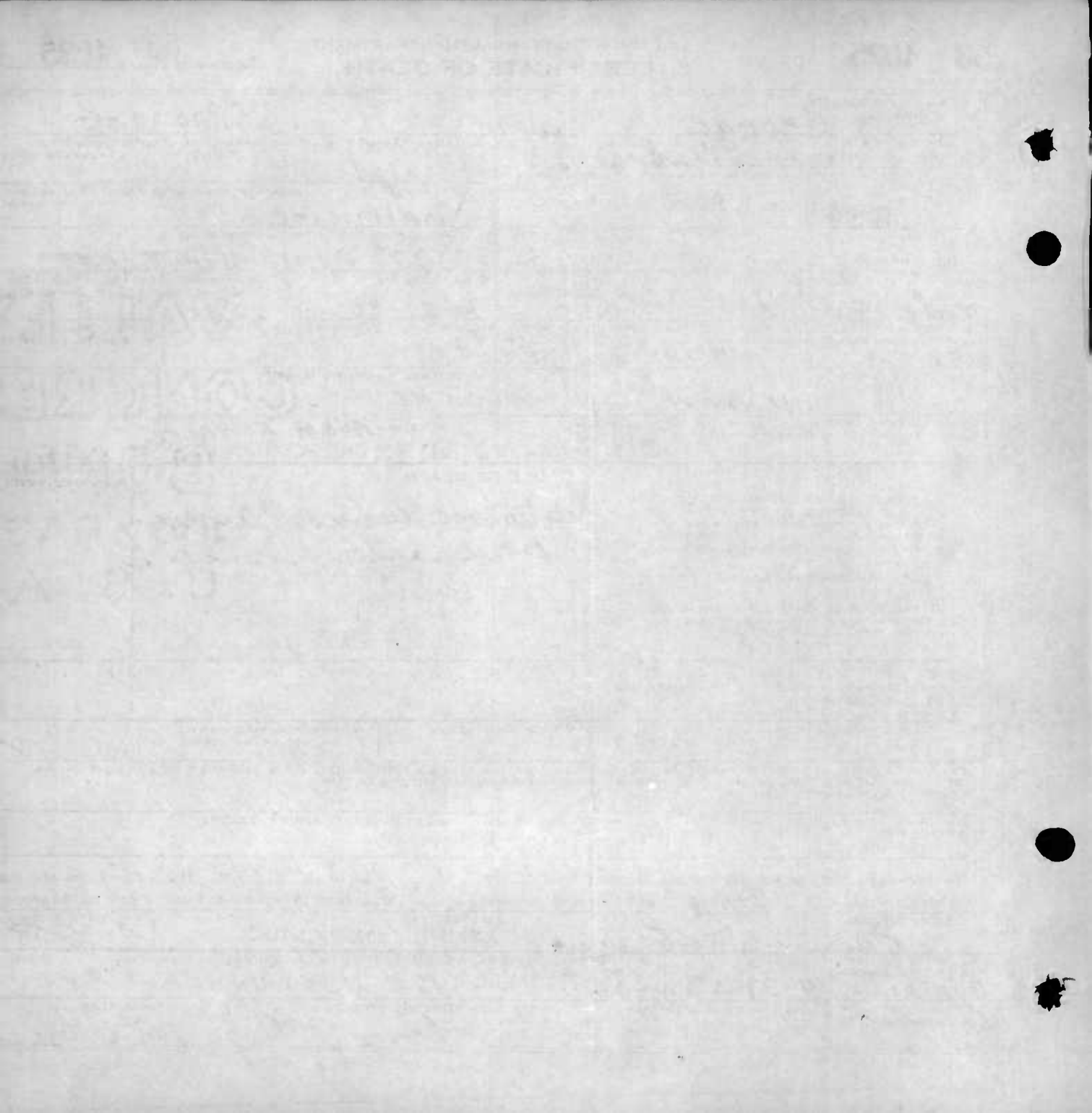
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George A. Weber 705 S. Ann

ADDRESS



53 4026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4026

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Bertha Krolezyk*2. DATE
OF
DEATH*April 24-1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *310 S. Washington*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE *Maryland* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION

At Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 31, 2-01

D. STREET ADDRESS (If rural, give location)

310 S Washington Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

7-24-1879

9. AGE (in years last birthday)

73

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Szymkowiak

14. MOTHER'S MAIDEN NAME

Antonina

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Arteriosclerotic cardiac disease*
DUE TO *disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Generalized arteriosclerosis*
DUE TO

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Sept 1, 1952* to *April 24, 1953*, that I last saw the deceased alive on *4-24, 1953*, and that death occurred at *8:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

John J. Goulet

M. D.

23B. ADDRESS

147 East ... - 24

23C. DATE SIGNED

4-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-27-53

24C. NAME OF CEMETERY OR CREMATORY

St Stanislaus

24D. LOCATION (City, town, or county)

1300 Dundalk ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George R. Weber

ADDRESS

705 S. Ann st

2001

1000

1000

1000

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

WALLEY
CONFERENCE
1000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4027**

53 4027
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lourence Jenkins Barefield			2. DATE OF DEATH 4/22/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto			b. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) Maryland		
b. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Memorial Hosp 27 N. Carey St			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 yrs			d. STREET ADDRESS (If rural, give location) 1042 Harford Ave		
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12-25-83		9. AGE (in years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Florida	
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY? U.S.A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT David King			ADDRESS 1042 Harford Ave		

18. 334X I 352X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemiplegia, Rt			CAUSE OF DEATH Hemiplegia, Rt			INTERVAL BETWEEN ONSET AND DEATH ?		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			DUE TO					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 18, 1953 , to April 22, 1953 , that I last saw the deceased alive on April 22, 1953 , and that death occurred at 7 PM , from the causes and on the date stated above.								
23A. SIGNATURE Dr. Johnson			23B. ADDRESS 403 Med Arts Bldg			23C. DATE SIGNED 4/23/53		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 4-27-53		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem & C. Co		24D. LOCATION (City, town, or county) (State) Md		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Rayner Sanders		ADDRESS 217 E. Preston St.		

BARNES

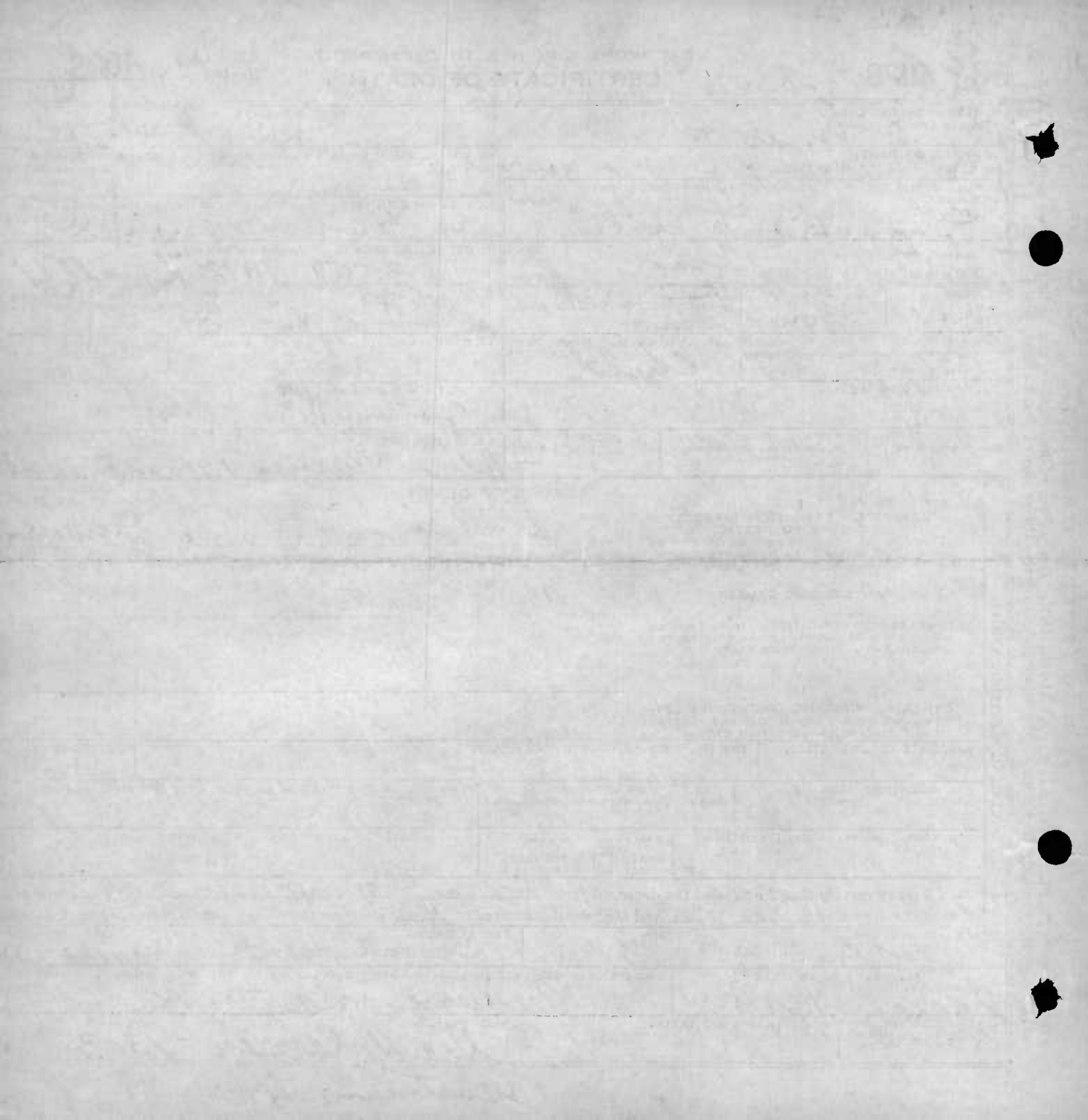
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4028**

53 4028 50-03076

1. NAME OF DECEASED (Type or Print) <i>Thomas Barnes</i>		2. DATE OF DEATH <i>4/22/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Provident Hosp</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>16-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Maryland</i>	
D. STREET ADDRESS (If rural, give location) <i>Jan 23, 1950 1318 Small St</i>			
c. Length of stay in Baltimore <i>Life</i>		E. Yrs. Mos. Days	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>4 Baltimore, MD.</i>
9. AGE (In years, last birthday) <i>3</i>		10. Under 1 Year: Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Randolph Small</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Child</i>	
11. BIRTHPLACE (State or foreign country) <i>Beth Barnes</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>No</i>		14. MOTHER'S MAIDEN NAME <i>Mother (Helen Barnes)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Helen Barnes</i>		ADDRESS <i>1318 Small St</i>	
18. <i>470X</i> I <i>500X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bronchitis, acute</i>		CAUSE OF DEATH (A) <i>Bronchitis, acute</i>	
DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>acute rhinitis</i>		(B) <i>acute rhinitis</i>	
DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>April 22, 1953</i> to <i>April 22, 1953</i> , that I last saw the deceased alive on <i>April 22, 1953</i> , and that death occurred at <i>9:00 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Dr. O. de la Cruz</i>		23B. ADDRESS <i>Provident Hospital</i>	
23C. DATE SIGNED <i>April 24, 1953</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/27/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Graveyard</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>4/27/53</i>		REGISTRAR'S SIGNATURE <i>W. H. Kelson</i>	
25. FUNERAL DIRECTOR <i>W. H. Kelson</i>		ADDRESS <i>1303</i>	

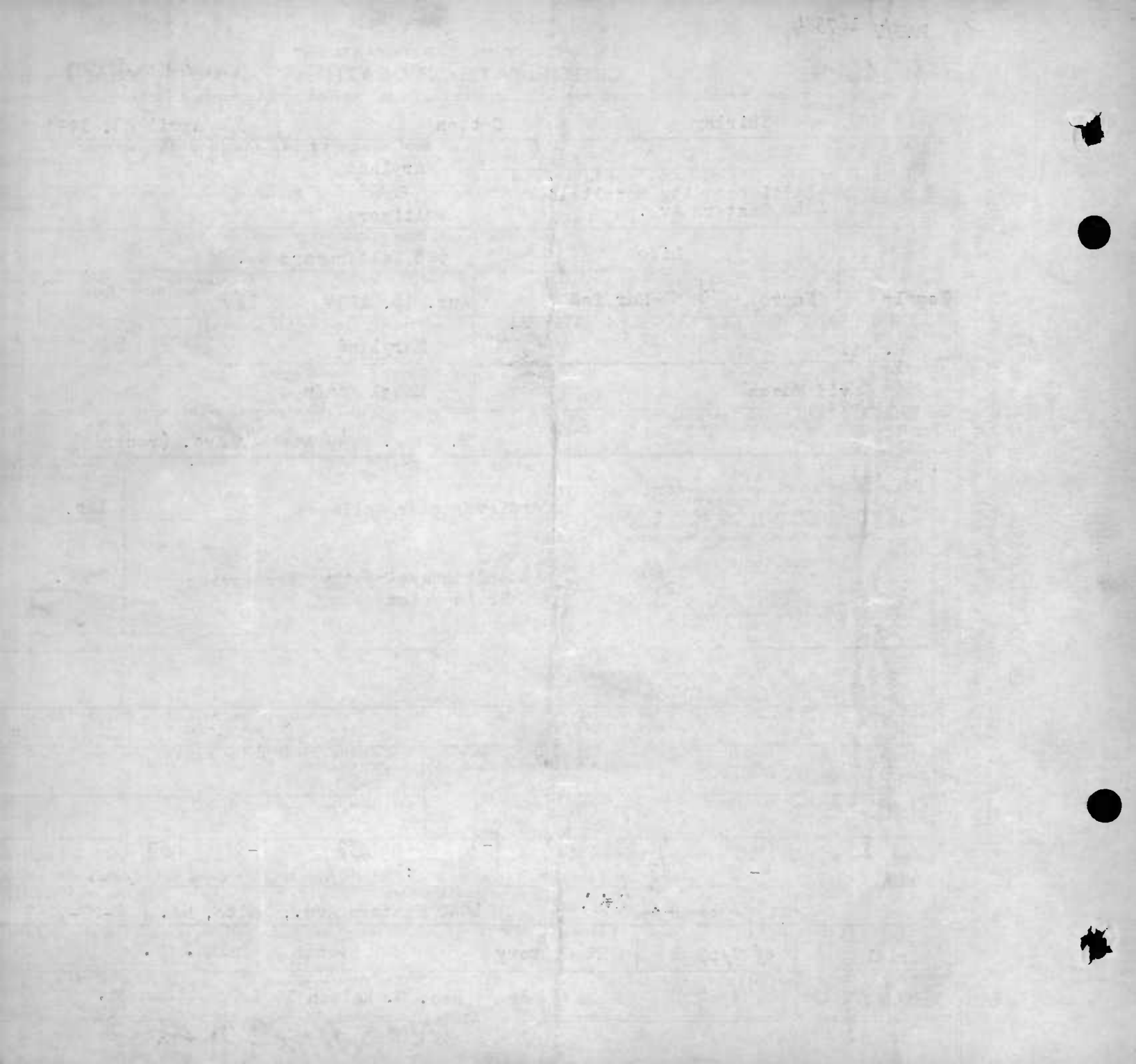
Cresstman St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<div style="display: flex; justify-content: space-between;"> 53 4029 MAF/ 167584 </div>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4029	
1. NAME OF DECEASED (Type or Print) Shirley Cotton		2. DATE OF DEATH April 23, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 608 Waltermeyers Ct.			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 16, 1934	9. AGE (In years last birthday) 18	If Under 1 Year Months: Days:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME David Mason		12. CITIZEN OF USA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT B. C. H. 4940 Eastern Ave. (records)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS	
18. 357X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiovascular Collapse				INTERVAL BETWEEN ONSET AND DEATH 1hr.	
DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ascending myelopathy involving Brain stem				2mos.	
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-8 , 19 53 , to 4-23 , 19 53 , that I last saw the deceased alive on 4-23 , 19 53 , and that death occurred at 9:30A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Hezekiah Davis</i>		23B. ADDRESS 4940 Eastern Ave., Balto, Md.		23C. DATE SIGNED 4-23-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/27/53		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.			
DATE RECEIVED BY LOCAL REGISTRAR APR 27 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>Geo. G. Kelson</i>	



STALLINGS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4030

Registered No.

BIRTH NO. 53 4030

1. NAME OF DECEASED (Type or Print) Dastable Harry Stallings		2. DATE OF DEATH 4-25-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (not in hospital or institution, give street address or location) 310 S. Highland Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 310 S. Highland Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 12, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) checker		10B. KIND OF BUSINESS OR INDUSTRY Brewery	
13. FATHER'S NAME Harry Lee Stallings		14. MOTHER'S MAIDEN NAME Lillian Wilkenson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes World No. 1		16. SOCIAL SECURITY NO. 212-57-7950	
17. INFORMANT Mr. Richard L. Stallings-7826 Wynbrook Rd		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteroseptotic Cardiovascular Disease	CAUSE OF DEATH (A) Anteroseptotic Cardiovascular Disease DUE TO (B) Coronary Sclerosis DUE TO (C) Obstruction	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William J. [Signature]	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 4-26-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/28/53	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Wm. J. Pickney & Sons	ADDRESS Balto 17, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

390 46

Handwritten note: *Handwritten text, possibly a signature or date, written upside down.*

M-600
53 4031BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4031
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Elijah J. B. Moore

2. DATE
OF
DEATH

4/24/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Yes

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-05D. STREET ADDRESS (If rural, give location)
2328 Harlem Ave, Balto-16-Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

3/23/1863

9. AGE (in years last birthday)

90

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Engine Man

10B. KIND OF BUSINESS OR INDUSTRY

Fire Dept.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elijah J. B. Moore

14. MOTHER'S MAIDEN NAME

Louise
Clara/Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Milton B. Moore-527 Anneslie Rd.

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Congestive Heart Failure

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Recurrent Lobar Pneumonia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 24, 1953, to April 24, 1953, that I last saw the deceased alive on April 24, 1953, and that death occurred at 10:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

James R. Strabill, M.D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

4/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/28/53

24C. NAME OF CEMETERY OR CREMATORY

Spesutia Cem.

24D. LOCATION (City, town, or county)

Perryman, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickney & Sons

ADDRESS

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of hospice	
19. Signature of other institution		20. Signature of other place		21. Signature of other person	
22. Signature of other person		23. Signature of other person		24. Signature of other person	
25. Signature of other person		26. Signature of other person		27. Signature of other person	
28. Signature of other person		29. Signature of other person		30. Signature of other person	
31. Signature of other person		32. Signature of other person		33. Signature of other person	
34. Signature of other person		35. Signature of other person		36. Signature of other person	
37. Signature of other person		38. Signature of other person		39. Signature of other person	
40. Signature of other person		41. Signature of other person		42. Signature of other person	
43. Signature of other person		44. Signature of other person		45. Signature of other person	
46. Signature of other person		47. Signature of other person		48. Signature of other person	
49. Signature of other person		50. Signature of other person		51. Signature of other person	
52. Signature of other person		53. Signature of other person		54. Signature of other person	
55. Signature of other person		56. Signature of other person		57. Signature of other person	
58. Signature of other person		59. Signature of other person		60. Signature of other person	
61. Signature of other person		62. Signature of other person		63. Signature of other person	
64. Signature of other person		65. Signature of other person		66. Signature of other person	
67. Signature of other person		68. Signature of other person		69. Signature of other person	
70. Signature of other person		71. Signature of other person		72. Signature of other person	
73. Signature of other person		74. Signature of other person		75. Signature of other person	
76. Signature of other person		77. Signature of other person		78. Signature of other person	
79. Signature of other person		80. Signature of other person		81. Signature of other person	
82. Signature of other person		83. Signature of other person		84. Signature of other person	
85. Signature of other person		86. Signature of other person		87. Signature of other person	
88. Signature of other person		89. Signature of other person		90. Signature of other person	
91. Signature of other person		92. Signature of other person		93. Signature of other person	
94. Signature of other person		95. Signature of other person		96. Signature of other person	
97. Signature of other person		98. Signature of other person		99. Signature of other person	
100. Signature of other person		101. Signature of other person		102. Signature of other person	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4032
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JESSE OBERMAN

2. DATE
OF
DEATH

April 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1525 Northgate Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 8, 1882

9. AGE (In years
last birthday)

70

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Executive

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing-retail

11. BIRTHPLACE (State or foreign country)

Wisconsin

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Philip Oberman

14. MOTHER'S MAIDEN NAME

Pauline Billman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215 - 01-6805

17. INFORMANT

ADDRESS

Mrs. Esther S. Oberman-1525 Northgate Rd.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Apr 23, 1953, to April 23, 1953, that I last saw the
deceased alive on April 23, 1953, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/27/53

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

2906 E

Baths. 17, Md.

53 4033

53 4033

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LUCY HOOKINS

2. DATE
OF
DEATH

4-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 11-02

D. STREET ADDRESS (If rural, give location)

900 CATHEDRAL ST. #1

c. Length of stay in Baltimore

84

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE MARRIED.
WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH

5-28-68

9. AGE (in years
last birthday)

84

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. WIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

M. D.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

JOHN T. SPEAR

14. MOTHER'S MAIDEN NAME

SARAH CONNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18.

442X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

ARTERIOSCLEROTIC

(A) CARDIOVASCULAR-RENAL DISEASE

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1953, to 4-26, 1953, that I last saw the deceased alive on 4-26, 1953, and that death occurred at 6:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Ireland

M. O.

23B. ADDRESS

MERCY HOSPITAL

23C. DATE SIGNED

4-26-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/29/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Batto. 17. Md

53 4034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4034
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN L. ALLAN

2. DATE
OF
DEATH

4-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

SAINT AGNES HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

14 SOMERSET RD.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

May 5, 1883

9. AGE (In years last birthday)

69

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Haberstumpf

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

219-16-9042

17. INFORMANT

ADDRESS

Mr. Adolph Allan - 14 Somerset Rd.

Catonsville

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1953, to April 26, 1953, that I last saw the deceased alive on April 26, 1953, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lillian L. Allan M.D.

23B. ADDRESS

F. Agnes Hospital

23C. DATE SIGNED

April 26, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/29/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Dr. J. Pickner & Sons

ADDRESS

Balto. 17, Md

W-516

53 4035

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4035

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Benjamin Weinberger*2. DATE
OF
DEATH*4/26/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

*5119 N. Arbutus Ave.*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Sinai Hosp. of Baltimore, Inc.*

c. Length of stay in Baltimore

*12*MOS.
Days

5. SEX

M.

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M.*

B. DATE OF BIRTH

*4/1/99 (?)*9. AGE (in years
last birthday)*54*If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Insurance agent - N.Y. Life*10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Hungary*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

*not known*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Jeannette Weinberger - Dawe*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Acute Coronary Thrombosis**5 min.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertensive Arterio-Sclerotic C.V.D.*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Chronic nephritis.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/13*, 19*53*, to *4/26*, 19*53* that I last saw the
deceased alive on *4/26*, 19*53*, and that death occurred at *5:25 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Stanley C. Rubinitz

23B. ADDRESS

Sinai Hosp. of Balt.

23C. DATE SIGNED

*4/26/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-27-53

24C. NAME OF CEMETERY OR CREMATORY

Beth David

24D. LOCATION (City, town, or county) (State)

*Elmwood, Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis & Co 2100 Eastern Pk

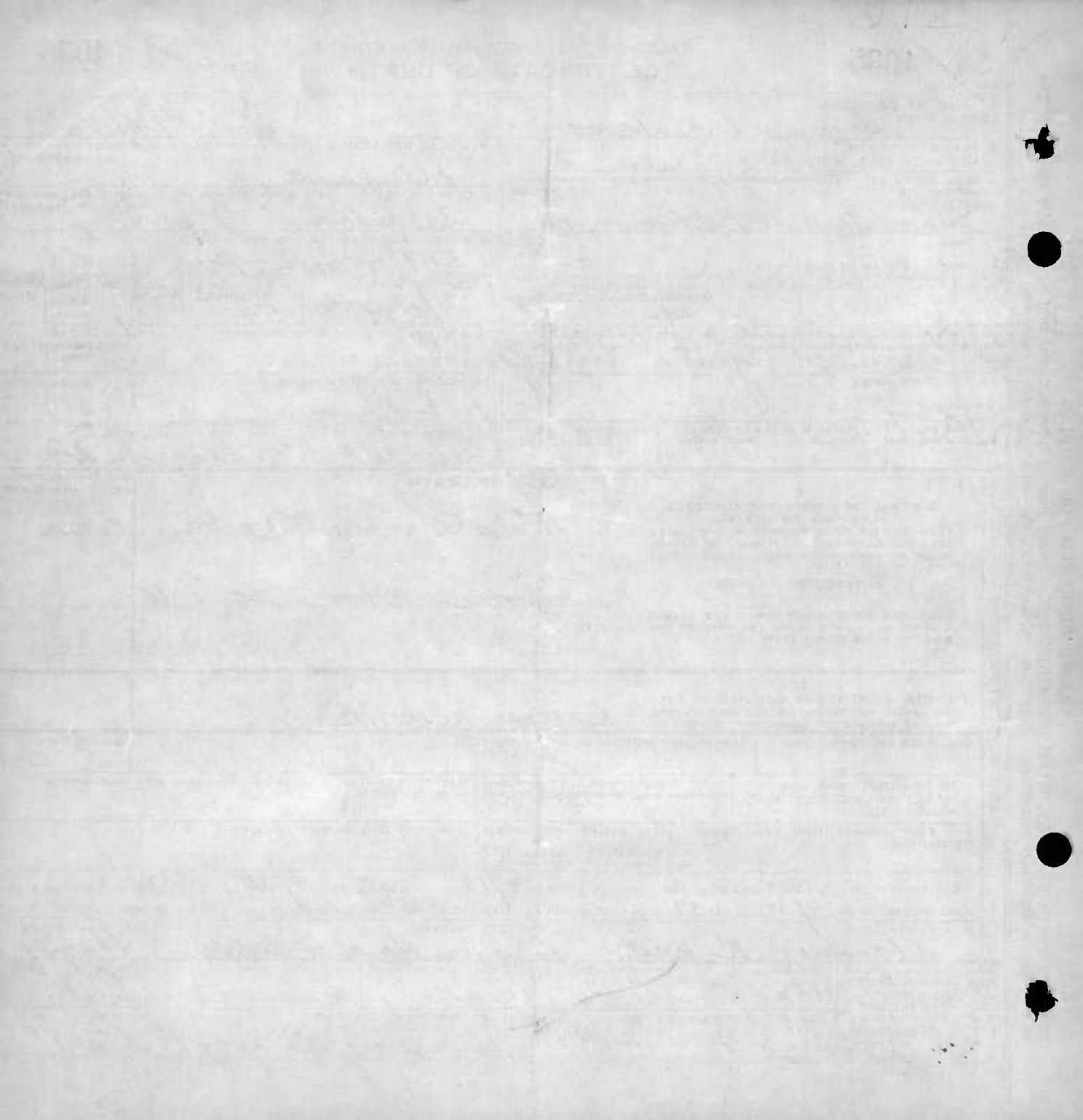
VS 150

456 73

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4036
Registered No.

BIRTH NO. 53 4036

1. NAME OF DECEASED
(Type or Print)

John W. Jones

2. DATE
OF
DEATH

4-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Fayette Conv. Home

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

11-25-72

9. AGE (in years,
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dykerman

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W.

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 610X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

Chronic myocarditis
myocardial infarction
Hypertrophy of Prostate
Arterio-SclerosisINTERVAL BETWEEN
ONSET AND DEATH

4 weeks

1 week

1 month

5 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 30 1953

19B. MAJOR FINDINGS OF OPERATION

Benign Prostate

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1953, to April 4, 1953, that I last saw the
deceased alive on April 24, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

C. H. Benson

M. D.

23B. ADDRESS

1 W. Overman

23C. DATE SIGNED

4/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

130 E. FORT H. P.

1. Bear Soar
1. W. Coaled He.

1. W. Coaled He.
1. W. Coaled He.
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1. W. Coaled He.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4037

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BABY GIRL KNOX

2. DATE
OF
DEATH

APRIL 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

LUTHERAN HOSPITAL OF MARYLAND

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

INFANT

8. DATE OF BIRTH

APRIL 22, 1953

9. AGE (In years
last birthday)If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES JOHN KNOX

14. MOTHER'S MAIDEN NAME

RUTH ISABELLE HANNIBAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Chas J. Knox Harford Rd Glenarm md

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

PULMONARY ATELECTASIS, bilateral 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
M. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 22, 1953, to APRIL 24, 1953, that I last saw the
deceased alive on APRIL 22, 1953, and that death occurred at 11:15 m., from the causes and on the date stated above.

23A. SIGNATURE

A. Q. PARAISO

23B. ADDRESS

LUTHERAN HOSP. OF MD.

23C. DATE SIGNED

4-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/27/53

24C. NAME OF CEMETERY OR CREMATORY

Waukeg Chapel Meth Cen

24D. LOCATION (City, town, or county) (State)

Baltimore

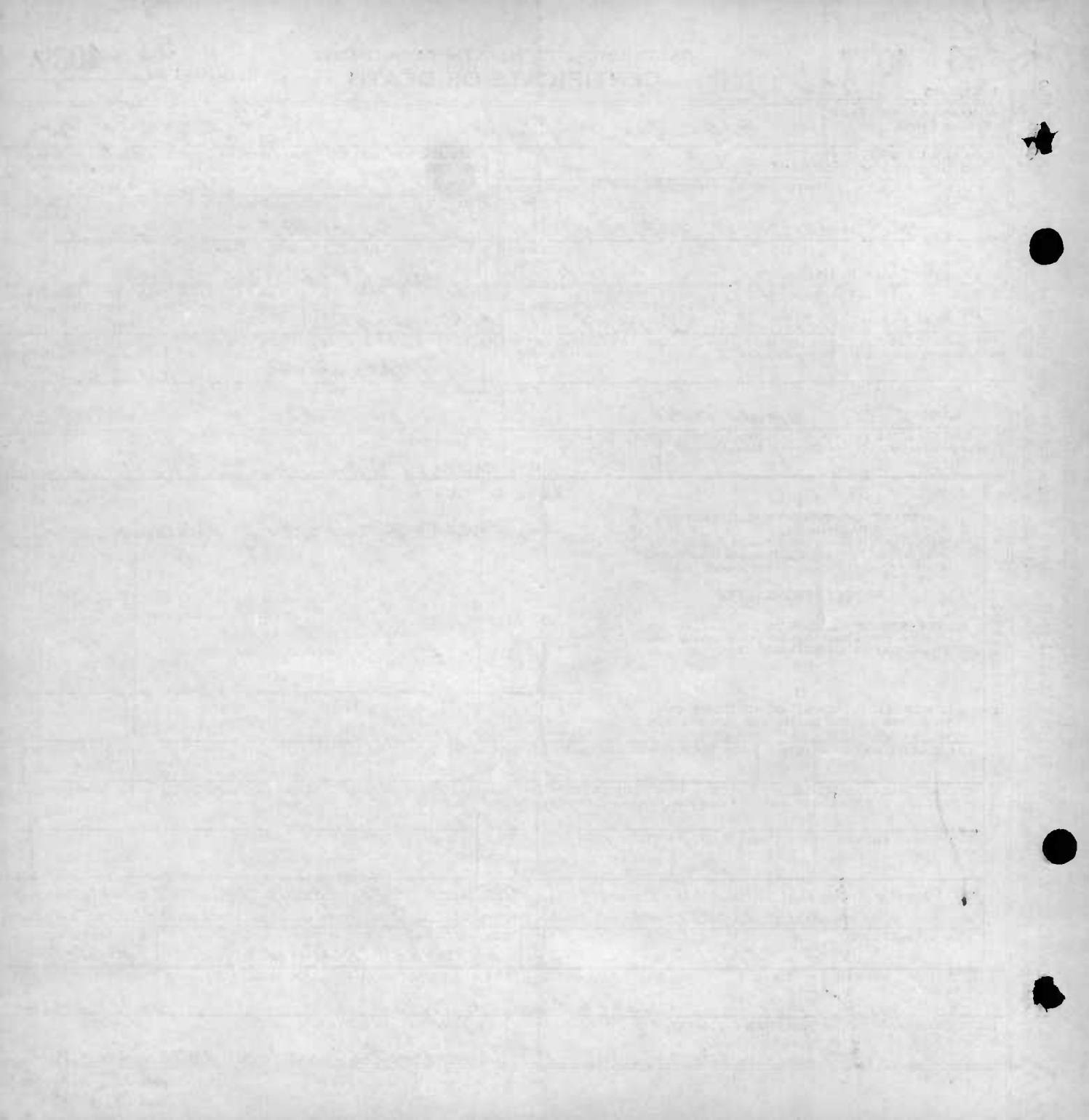
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 27 1953 Tunstington Williams, MD Lorraine Funeral Home 7401 Balmain Rd



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4038

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADA

BALDWIN

2. DATE
OF DEATH April 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City MorgueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreC. Length of stay in Baltimore 2 yearsD. STREET ADDRESS (If rural, give location)
112 N. Exeter Street

5. SEX

Female

6. COLOR OR RACE
Colored7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

6-13-1902

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Cicero

Gibson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Eloise Parson-112. N. Exeter

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far Advanced Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

4/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/27/53

24C. NAME OF CEMETERY OR CREMATORY

Int. Arborea

24D. LOCATION (City, town, or county)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. Halstead

ADDRESS

918 - Grand Hill

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4039

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)JOHN C. TOEPFNER2. DATE
OF
DEATHAPRIL 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MDB. FULL NAME OF
HOSPITAL OR
INSTITUTIONSOUTH BALTO. GENERAL HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)BALTIMORE 26-36

D. STREET ADDRESS (If rural, give location)

1359 S. PONCA ST

c. Length of stay in Baltimore

LIFE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6/27/049. AGE (in years
last birthday)48

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)CRANE OPERATOR10B. KIND OF BUSINESS OR
INDUSTRY3. PT. MD

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN C. TOEPFNER

14. MOTHER'S MAIDEN NAME

HANNAH SCHMIDTMANN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THELMA S. TOEPFNER 1359 PONCA ST18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

TERMINAL UREMIA

DUE TO

ANTECEDENT CAUSES

(B)

HYPERTENSIVE CARDIOVASCULAR

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

DISEASE with FAILURE

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1953, to April 27, 1953, that I last saw the
deceased alive on April 27, 1953, and that death occurred at 5 A. M., from the causes and on the date stated above.

23A. SIGNATURE

W. McConway

23B. ADDRESS

South Baltimore Paul Hoop

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

4/30/53

24C. NAME OF CEMETERY OR CREMATORY

OAKLAWN

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Clarence F. Hoffman 1639 Broadway

0001-25

UNITED STATES DEPARTMENT OF THE ARMY
HEADQUARTERS, WASHINGTON, D. C.

1. Name of the person or organization to whom the report is made:

2. Name of the person or organization making the report:

3. Title of the report:

4. Date of the report:

5. Place of the report:

6. Nature of the report:

7. Summary of the report:

8. Details of the report:

9. Conclusion of the report:

10. Remarks:

11. Signature of the person making the report:

12. Title of the person making the report:

13. Name of the person or organization to whom the report is made:

14. Name of the person or organization making the report:

15. Title of the report:

16. Date of the report:

17. Place of the report:

18. Nature of the report:

19. Summary of the report:

20. Details of the report:

21. Conclusion of the report:

22. Remarks:

23. Signature of the person making the report:

24. Title of the person making the report:

25. Name of the person or organization to whom the report is made:

26. Name of the person or organization making the report:

27. Title of the report:

28. Date of the report:

29. Place of the report:

30. Nature of the report:

31. Summary of the report:

32. Details of the report:

33. Conclusion of the report:

34. Remarks:

35. Signature of the person making the report:

36. Title of the person making the report:

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4040**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Elizabeth A. Stewart**2. DATE
OF
DEATH**4/26/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**6115 O'Donnell St.**Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**M**

8. DATE OF BIRTH

Oct. 24, 18889. AGE (In years
last birthday)**64**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**at home**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Perryman's Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Phillip J. Martin

14. MOTHER'S MAIDEN NAME

Mary Slattery15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Cyrus Stewart 6115 O'Donnell St.18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Chronic Myocarditis**
DUE TO**?**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Hypertension**
DUE TO**?**

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 1951**, to **April 26, 1953**, that I last saw the
deceased alive on **April 25, 1953**, and that death occurred at **5 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

4/29/53

24C. NAME OF CEMETERY OR CREMATORY

Schwartz's

24D. LOCATION (City, town, or county)

Baltimore Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *Jan 15, 1900*
5. Place of birth: *New York City*
6. Date of death: *Dec 10, 1945*
7. Place of death: *Home*
8. Cause of death: *Heart Disease*
9. Nature of disease: *Coronary Artery Disease*
10. Duration of disease: *Several years*
11. Date of onset: *Not known*
12. Date of diagnosis: *Not known*
13. Date of admission to hospital: *Not known*
14. Name of attending physician: *Dr. J. Smith*
15. Name of hospital: *Not known*
16. Name of funeral home: *Not known*
17. Name of informant: *John Doe*
18. Address of informant: *123 Main St, New York City*
19. Signature of informant: *[Signature]*
20. Signature of registrar: *[Signature]*
21. Date of registration: *Dec 15, 1945*
22. Place of registration: *New York City*

CAUSE OF DEATH		NATURE OF DISEASE		DURATION OF DISEASE		DATE OF ONSET		DATE OF DIAGNOSIS		DATE OF ADMISSION TO HOSPITAL		NAME OF ATTENDING PHYSICIAN		NAME OF HOSPITAL		NAME OF FUNERAL HOME		NAME OF INFORMANT		ADDRESS OF INFORMANT		SIGNATURE OF INFORMANT		SIGNATURE OF REGISTRAR		DATE OF REGISTRATION		PLACE OF REGISTRATION	
Heart Disease		Coronary Artery Disease		Several years		Not known		Not known		Not known		Dr. J. Smith		Not known		Not known		John Doe		123 Main St, New York City		[Signature]		[Signature]		Dec 15, 1945		New York City	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4041

BIRTH NO. 360 53 4041		1. NAME OF DECEASED (Type or Print) GRAYSON H. Withrow Sr		2. DATE OF DEATH 4-25-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-31	
6. FULL NAME OF HOSPITAL OR INSTITUTION 370 MARYDELL ROAD		7. STREET ADDRESS (If rural, give location) 370 MARYDELL ROAD		8. DATE OF BIRTH Nov 21, 1900	
c. Length of stay in Baltimore 34 Yrs. Mos. Days		9. AGE (in years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SENIOR MANAGER	
5. SEX MALE		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10a. KIND OF BUSINESS OR INDUSTRY LAUNDRY		11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME CHARLES W. Withrow		14. MOTHER'S MAIDEN NAME Lydia MORRIS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES W. W. I	
16. SOCIAL SECURITY NO. X16-09-4573		17. INFORMANT NORRINE M. Withrow		ADDRESS SAME	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Cardio-Respiratory failure DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Coronary Thrombosis DUE TO			
(C) Angina DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1923 to 25 April, 1953, that I last saw the deceased alive on 23 April, 1953 and that death occurred at 8:45 A. M., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		23b. ADDRESS 4603 Elmwood Ave		23c. DATE SIGNED 27 April 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-28-1953		24c. NAME OF CEMETERY OR CREMATORY LONDON PARK	
24d. LOCATION (City, town, or county) BALTO md		24e. FUNERAL DIRECTOR		24f. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR APR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams		24f. ADDRESS 2908 Pratt & Stricker Sts	

1004

23

IN THE CITY OF NEW YORK

CERTIFICATE OF DEATH

FILE NO.

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

EDUCATION

OCCUPATION

RELIGION

SEX

RACE

HEIGHT

WEIGHT

HAIR

EYES

TEETH

SKIN

HAIR

EYES

TEETH

SKIN

HAIR

EYES

TEETH

SKIN

HAIR

EYES

TEETH

SKIN

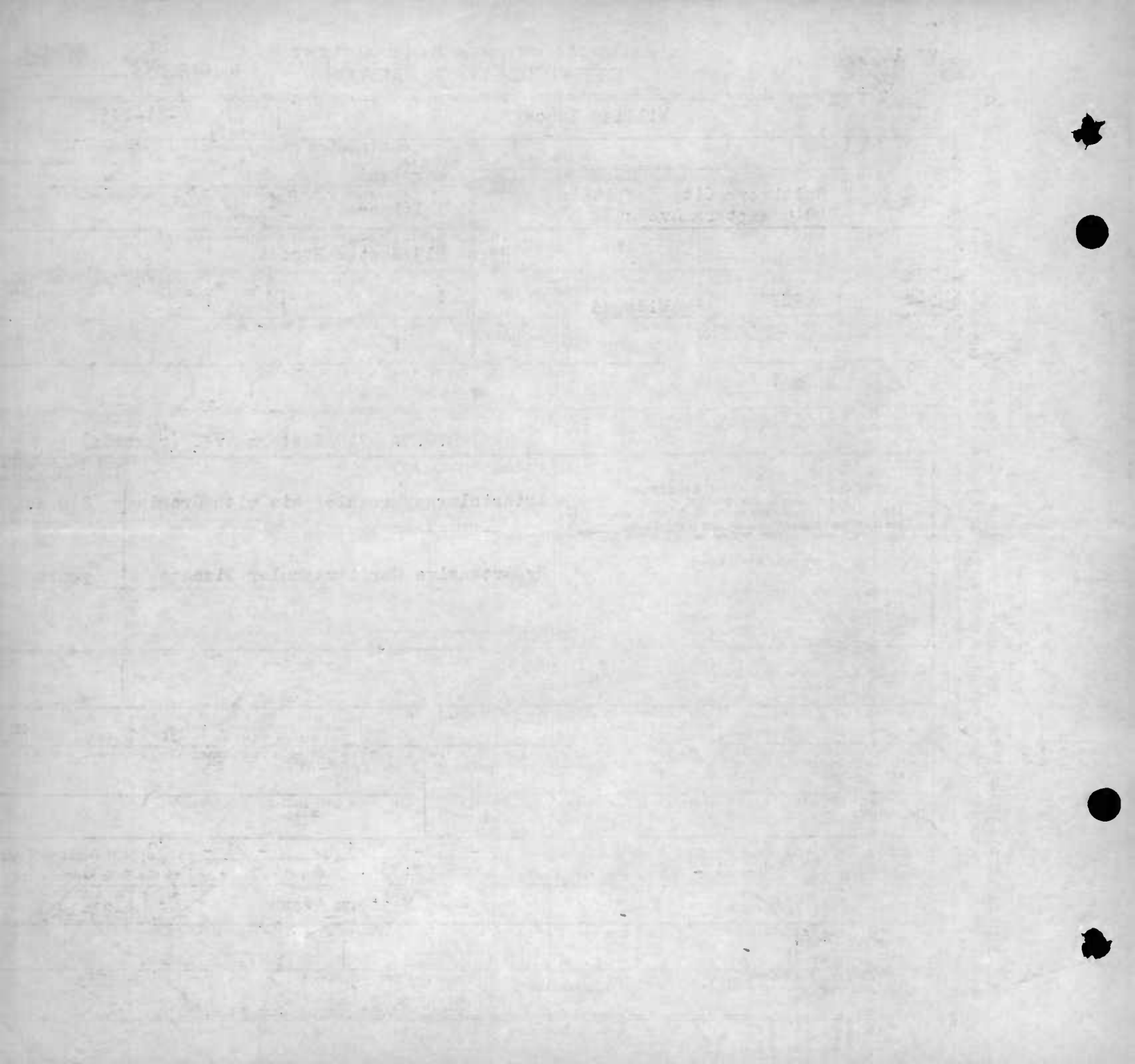
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Y-520
FJ 160484
53 4042
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

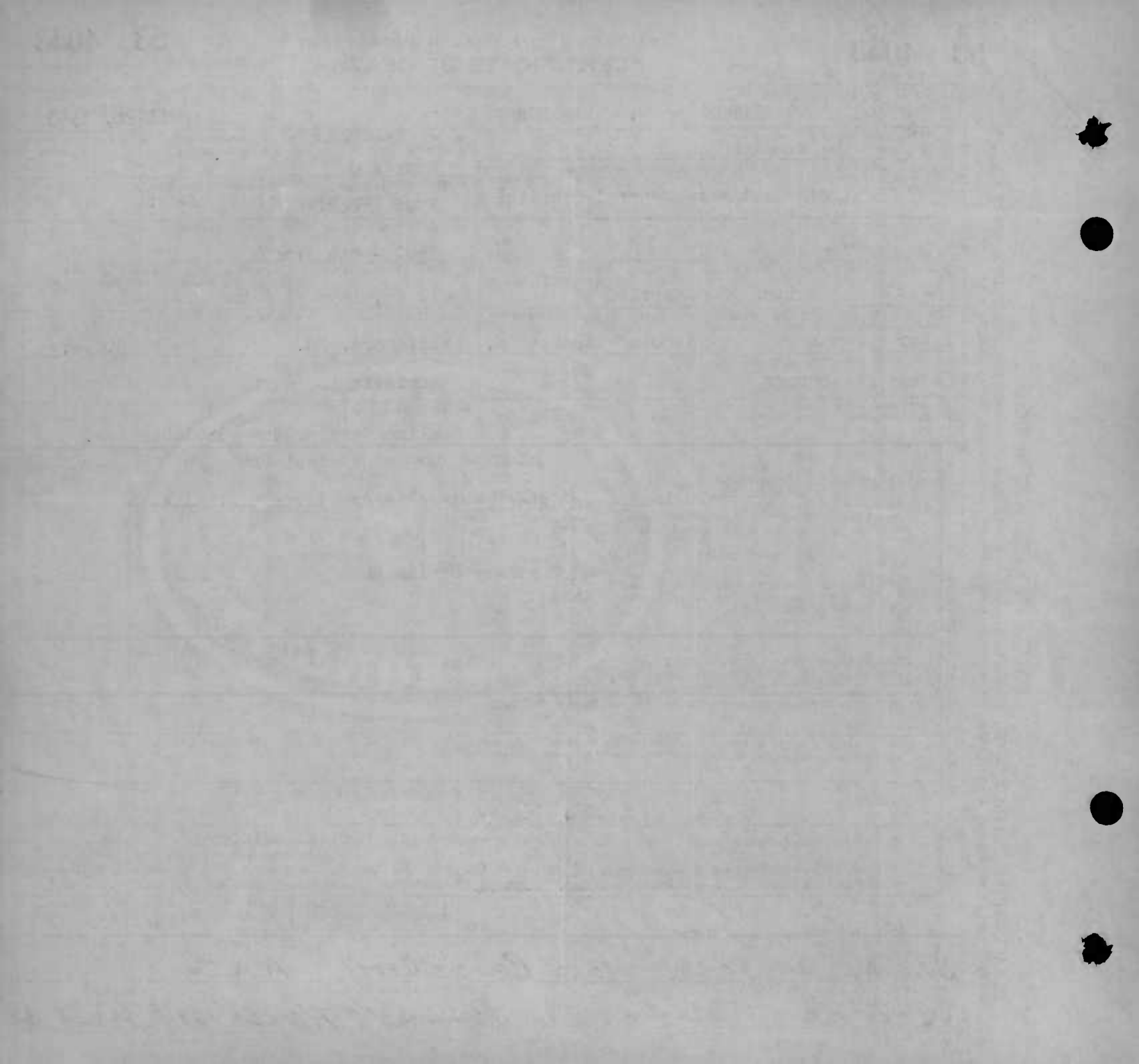
Registered No. 53 4042

1. NAME OF DECEASED (Type or Print)		William Yancey		2. DATE OF DEATH 4-21-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 813 Shuter Street			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ?	9. AGE (In years last birthday) 74	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY LABORER		11. BIRTHPLACE (State or foreign country) ?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)	
18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH Arteriolar nephrosclerosis with Uremia Hypertensive Cardiovascular Disease INTERVAL BETWEEN ONSET AND DEATH 2 wks. years					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-13-1953, to 4-21-1953, that I last saw the deceased alive on 4-21-1953, and that death occurred at 8:35 a. m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 4-21-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/27/53		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	
24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.		25. FUNERAL DIRECTOR ADDRESS CHARLES A. RICE 661 W. BARRE ST.			



H-621
53 4043BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4043
Registered No.MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) GEORGE W. HERZBERGER		
2. DATE OF DEATH April 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF (not in hospital or institution, give street address or location) South Baltimore General Hospital		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East Brooklyn		
D. STREET ADDRESS (If rural, give location) 3501 - 8th Avenue		
c. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 18, 1899		9. AGE (In years last birthday) 54
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Foreman		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
10B. KIND OF BUSINESS OR INDUSTRY Seboard Asphalt Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Herzberger		14. MOTHER'S MAIDEN NAME Henrietta Luckhart
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Pauline Herzberger - 3501 8th Ave.		ADDRESS
18. 420.1 CAUSE OF DEATH East Brooklyn DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Occlusion OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION		
19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>partial</u> autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>W. J. [Signature]</i>		
23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED 4/27/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		
24B. DATE 4-30-53		
24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEM		
24D. LOCATION (City, town, or county) (State) A A C		
DATE RECEIVED BY LOCAL REGISTRAR APR 27 1953		
REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		
25. FUNERAL DIRECTOR Bernard C. Hark		
ADDRESS 121 E West St		



N 253
53 4044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83 4044
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Nugent</i>		2. DATE OF DEATH <i>April 24 1953</i> <i>7:45 P.M.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>70 Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>14</i>		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>18 Dec. 1859</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James Nugent</i>		14. MOTHER'S MAIDEN NAME <i>Mary Orem</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<i>Chronic Myocarditis</i>		<i>5 yrs</i>	
ANTECEDENT CAUSES		(B) DUE TO		<i>Arterio Sclerosis</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 1 -</i> , 19 <i>53</i> , to <i>April 24</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>April 24</i> , 19 <i>53</i> , and that death occurred at <i>7:45 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gill Hall M.D.</i>		23B. ADDRESS <i>1631 E. North Ave</i>		23C. DATE SIGNED <i>April 25/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 28/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Rita Winfield</i>		24F. ADDRESS <i>900 E. Biddle St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 27 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Rita Winfield</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4045

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Schramm

2. DATE
OF
DEATH

4-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

812 N. Chapel St.

C. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4-25-79

9. AGE (in years
last birthday)

74

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

Peterson

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ely. Lockman - 812 N. Chapel St.

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Failure

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Cerebral arteriosclerosis

6 wks.

DUE TO

(C)

Generalized arteriosclerosis

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.cerebral spasms with
convulsions

2 wks.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1950, to 4/26, 1953, that I last saw the
deceased alive on 4/24, 1953, and that death occurred at 6:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Kleimer

M. D.

23B. ADDRESS

262 E. Weymouth St.

23C. DATE SIGNED

4/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-29-53

24C. NAME OF CEMETERY OR CREMATORY

St. Paul's Fifth Reformat

24D. LOCATION (City, town, or county)

Baltimore - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Silly & Ziller Ch. 4003 S. Wolfe St

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4046	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		3. PLACE OF DEATH:	
Rozelle P. Ford		4-25-53		A. Baltimore City, Maryland	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		B. FULL NAME OF HOSPITAL OR INSTITUTION	
A. Baltimore City, Maryland		A. STATE Md		B. CITY OR TOWN Balto	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
Foot of East Fallsway		Balto - 6-01		157 N. Kenwood Ave	
c. Length of stay in Baltimore		8. DATE OF BIRTH		9. AGE (In years last birthday)	
7		1-30-04		49	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
M.	M.	married	Shipper	North Carolina	USA
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		13. FATHER'S NAME	
Shipper		Boat-Steak Co		Rohad A Ford	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	
Rohad A Ford		Azora V. ?		(If yes, give war or dates of service)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
				Rozelle P. Ford - Jr. - same	
18. E929.8		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Drowning			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		DUE TO			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		harbor.		Harbor - East Falls Ave.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
Found: 2:50pm - 4/25/53				Found, drowned in harbor	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23C. DATE SIGNED	
William J. Ford		M.D.		4-26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		4-28-53		Oak Lawn	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Balto - Md.		Lilly & Zuhner		403 S. Wolfe St.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
APR 27 1953		Huntington Williams		Lilly & Zuhner	
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UNITED STATES DEPARTMENT OF AGRICULTURE

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4047**

BIRTH NO. **4047**

1. NAME OF DECEASED (Type or Print) Elmer Dwight Robinson (Elmer D. Robinson)		2. DATE OF DEATH April 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.		6. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) 27-07	
c. Length of stay in Baltimore 45 Yrs.		D. STREET ADDRESS (If rural, give location) 6211 Marietta Ave. #14	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-10-1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sea Captain		10B. KIND OF BUSINESS OR INDUSTRY Merchant Marines	9. AGE (In years last birthday) 53
13. FATHER'S NAME Spurgeon Robinson		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 213-18-7012		14. MOTHER'S MAIDEN NAME Nettie M. Kinnamon	
17. INFORMANT Mrs. Stella A. Robinson		ADDRESS 6211 Marietta Ave. Balto. Md.	

18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterial Hypertension DUE TO				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis DUE TO Cerebral Thrombosis (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from April 15, 1953 to April 25, 1953 , that I last saw the deceased alive on April 25, 1953 , and that death occurred at 12:30 AM from the causes and on the date stated above.				
23A. SIGNATURE D. Russell		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED April 25 '53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Belair Rd. Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George J. Ruth, Inc.
ADDRESS 1735 Harford Avenue				

10-10-1987

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

10-10-1987

Washington, D.C.

Mr. J. Edgar Hoover

Mr. J. Edgar Hoover

Mr. J. Edgar Hoover

Mr. J. Edgar Hoover

Mr. J. Edgar Hoover

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Mr. J. Edgar Hoover

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-261		NAGRABSKI		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 4048	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Joseph Nagrabski</i>		2. DATE OF DEATH <i>April 25, 1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Hal 7</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i>		B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <i>Baltimore</i>		D. STREET ADDRESS (If rural, give location) <i>2112 Fleet St.</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tavern</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>		B. DATE OF BIRTH <i>3-21-1891</i>		9. AGE (In years last birthday) <i>62</i>	
11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>C</i>		14. MOTHER'S MAIDEN NAME <i>C</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Hepatic Cirrhosis</i>		INTERVAL BETWEEN ONSET AND DEATH		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>4-15</i> , 1953, to <i>4-25</i> , 1953, that I last saw the deceased alive on <i>4-25</i> , 1953, and that death occurred at <i>9:50 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Frederic J. Flynn</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4/26/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4-29-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 27 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. GENERAL DIRECTOR <i>Wm. S. Fialkowski</i>		ADDRESS <i>2007 Eastern Ave</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<p>V-360 1049 BIRTH NO.</p>		<p>VIA TOR BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH</p>		<p>53 Registered No.</p>		<p>4049</p>	
<p>1. NAME OF DECEASED (Type or Print) Monie Viator</p>				<p>2. DATE OF DEATH April 25, 1953</p>			
<p>3. PLACE OF DEATH: A. Baltimore City, Maryland</p>				<p>4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE La. B. COUNTY V-16</p>			
<p>B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL</p>				<p>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maunepas</p>			
<p>c. Length of stay in Baltimore Yrs. Mos. Days</p>				<p>D. STREET ADDRESS (If rural, give location)</p>			
<p>5. SEX Female</p>		<p>6. COLOR OR RACE White</p>		<p>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single</p>		<p>8. DATE OF BIRTH 4-19-47</p>	
<p>9. AGE (In years last birthday) 6</p>		<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child</p>		<p>10B. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (State or foreign country)</p>	
<p>12. CITIZEN OF WHAT COUNTRY?</p>				<p>13. FATHER'S NAME Forest Viator</p>			
<p>14. MOTHER'S MAIDEN NAME</p>				<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Child</p>			
<p>16. SOCIAL SECURITY NO.</p>				<p>17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL</p>			
<p>18. 754.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Crebral Vascular Accident</p>				<p>CAUSE OF DEATH Days</p>			
<p>INTERVAL BETWEEN ONSET AND DEATH</p>				<p>19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)</p>			
<p>20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>				<p>21. DATE OF OPERATION 4-23-53</p>			
<p>22. CONDITION FOR WHICH OPERATION WAS PERFORMED Extraction of Fetus</p>				<p>23. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II</p>			
<p>24. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>				<p>25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)</p>			
<p>26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>				<p>27. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?</p>			
<p>28. TIME (Month) (Day) (Year) (Hour) OF INJURY</p>				<p>29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>			
<p>30. HOW DID INJURY OCCUR?</p>				<p>31. I hereby certify that I attended the deceased from 4-21, 1953, to 4-25, 1953, that I last saw the deceased alive on 4-25, 1953, and that death occurred at 920 P.m., from the causes and on the date stated above.</p>			
<p>32. SIGNATURE James Harold Kay, M.D.</p>				<p>33. ADDRESS JOHNS HOPKINS HOSPITAL</p>			
<p>34. DATE SIGNED 4-26-53</p>				<p>35. NAME OF CEMETERY OR CREMATORY Martin + Kestette</p>			
<p>36. LOCATION (City, town, or county) (State) Kaffayette Louisiana</p>				<p>37. DATE RECEIVED BY LOCAL REGISTRAR 4/27/53</p>			
<p>38. REGISTRAR'S SIGNATURE Huntington Williams, M.D.</p>				<p>39. FUNERAL DIRECTOR East B. Holbertson</p>			
<p>40. ADDRESS Funeral Home Inc</p>				<p>41. ADDRESS 403-E-25th St Baltimore 18 Md</p>			

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THE UNIVERSITY OF CHICAGO
LIBRARY

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[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4050

BIRTH NO. 53 4050

1. NAME OF DECEASED (Type or Print) <u>Roy McMindes</u>			2. DATE OF DEATH <u>April 26-1953</u>		
3. PLACE OF DEATH A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>12-02</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sinai Hospital of Baltimore, Inc.</u>			C. CITY OR TOWN (If outside corporate limits, write BORON and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>33</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>3501 St. Paul St.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/28/1893</u>	9. AGE (in years last birthday) <u>60</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucking or Hauling (Self Emp.)</u>			11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		
13. FATHER'S NAME <u>Alvin McMindes</u>			14. MOTHER'S MAIDEN NAME <u>Minnie Booth</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Edith McMindes</u>			ADDRESS <u>3501 St. Paul</u>		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Shock due to Dissecting aneurysm - aorta</u> DUE TO (B) <u>Hypertensive Arteriosclerotic</u> DUE TO (C) <u>Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 hrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <u>4/26/53</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>5A.M. 4/26, 1953</u> , to <u>10:40 A.M. 4/26 1953</u> that I last saw the deceased alive on <u>4/26, 1953</u> , and that death occurred at <u>10:40 A.M.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>Stanley C. Rubnitz</u>		23B. ADDRESS <u>Sinai Hosp. of Balt.</u>		23C. DATE SIGNED <u>4/26/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>April 30-1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore National</u>	24D. LOCATION (City, town, or county) (State) <u>Federick Rd. 18th St.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 27 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>John S. Connolly</u>		

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4051
Registered No.

BIRTH NO. 53 4051		1. NAME OF DECEASED (Type or Print) Sadie Hagnes		2. DATE OF DEATH April 26, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		D. STREET ADDRESS (If rural, give location) 1415 Aisquith St.		9-07	
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX Female		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 11, 1899		9. AGE (In years last birthday) 64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS M's Florence Butler 1415 Aisquith	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular and renal disease		and diet
(A) DUE TO		
(B) DUE TO		
(C) DUE TO		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 11, 1953 , to April 26, 1953 , that I last saw the deceased alive on April 26, 1953 , and that death occurred at 8:15 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. Garland Phelan		23B. ADDRESS 1038 Edmondson Ave		23C. DATE SIGNED 4-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-30-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem	
24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.		24E. FUNERAL DIRECTOR Wm. A. Heeney		24F. ADDRESS 578 W. Biddle St.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4052**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Susie Hogan**2. DATE
OF
DEATH**April 24, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**5010 The Alameda**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5010 The Alameda

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Ded. 11, 18669. AGE (In years
last birthday)**86**

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina12. CITIZEN OF
WHAT COUNTRY?**U. S. A**

13. FATHER'S NAME

George Wright

14. MOTHER'S MAIDEN NAME

Jane15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Julian Hogan 5010 The Alameda18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Vascular disease 2 years

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 15, 1953** to **April 24, 1953** that I last saw the
deceased alive on **April 24, 1953** and that death occurred at **10 PM** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**4-27-53****Mt. Zion Cem****Longgreen,****Md.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 27 1953**Huntington Williams, M.D.****Mr. James C. Hensley 578 W. Biddle St.**

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4053**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph Paulaski</i>			2. DATE OF DEATH <i>4/24/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write R.U.P.A. and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>36</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1301 Kershner St.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>11/29/1892</i>	9. AGE (In years last birthday) <i>60</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? <i>-</i>
13. FATHER'S NAME <i>Adolph</i>			14. MOTHER'S MAIDEN NAME <i>-</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT <i>Wife</i>		
			ADDRESS <i>1301 Kershner St.</i>		

18. <i>541.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Uremia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Acute renal failure</i>			
(C) <i>Prolonged hemoglobinuria</i> <i>Post operative gastric retention</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			<i>90 hr.</i>
19A. DATE OF OPERATION <i>4/29/53</i>	19B. MAJOR FINDINGS OF OPERATION <i>Shrunken liver</i> <i>Post operative hemorrhage</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/18</i> , 19 <i>53</i> , to <i>4/24</i> , 19 <i>53</i> that I last saw the deceased alive on <i>4/24</i> , 19 <i>53</i> , and that death occurred at <i>7A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Robert G. Chambers</i>		23B. ADDRESS <i>Franklin Square Hosp.</i>	23C. DATE SIGNED <i>4/24/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>4/28/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Belair Rd Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>4/21/53</i>		25. FUNERAL DIRECTOR <i>MRS. W. JACHAUSKAS</i>	
REGISTRAR'S SIGNATURE <i>Huntington</i>		ADDRESS <i>703 McHENRY ST.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 4054	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO. D-400 4054					
1. NAME OF DECEASED (Type or Print) HELEN DELL			2. DATE OF DEATH 4/27/1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY CARROLL		
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westminster		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) 5641		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 22 1910	9. AGE (In years last birthday) 43	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Carroll Co
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME Howard Greenholtz		
14. MOTHER'S MAIDEN NAME Mollie Zentz			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Raymond Dell Westminster Md		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia			INTERVAL BETWEEN ONSET AND DEATH 8 weeks		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease			DUE TO 3 years		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4/23 , 19 53 , to 4/27 , 19 53 , that I last saw the deceased alive on 4/27 , 19 53 , and that death occurred at 8:30 a. m. , from the causes and on the date stated above.		23a. SIGNATURE Robert T. Parker	
23b. ADDRESS University Hosp. Balto		23c. DATE SIGNED 4/27/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE April 30/53		24c. NAME OF CEMETERY OR CREMATORY Wesley		24d. LOCATION (City, town, or county) (State) Carroll Co	
DATE RECEIVED BY LOCAL REGISTRAR APR 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR H. Bankard & Son Westminster Md.	

No.		Name		Origin		Date		Remarks	
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94		94		94		94		94	
95		95		95		95		95	
96		96		96		96		96	
97		97		97		97		97	
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99		99		99		99		99	
100		100		100		100		100	

THIS TABLE IS FOR THE USE OF THE BUREAU OF PLANT INDUSTRY
AND IS NOT TO BE USED FOR ANY OTHER PURPOSE
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AND IS NOT TO BE LOANED OR GIVEN TO ANY OTHER PERSON
IT IS THE PROPERTY OF THE BUREAU OF PLANT INDUSTRY
AND IS NOT TO BE LOANED OR GIVEN TO ANY OTHER PERSON

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4055

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.

Mcs.

Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

581.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) HEMORRHAGE FROM
ESOPHAGEAL VARICES

12 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) PORTAL CIRCULOSIS
(C) CHRONIC ALCOHOLISM

?

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

RENAL INSUFFICIENCY

!

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 1953, to 4-26, 1953, that I last saw the
deceased alive on 4-26, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

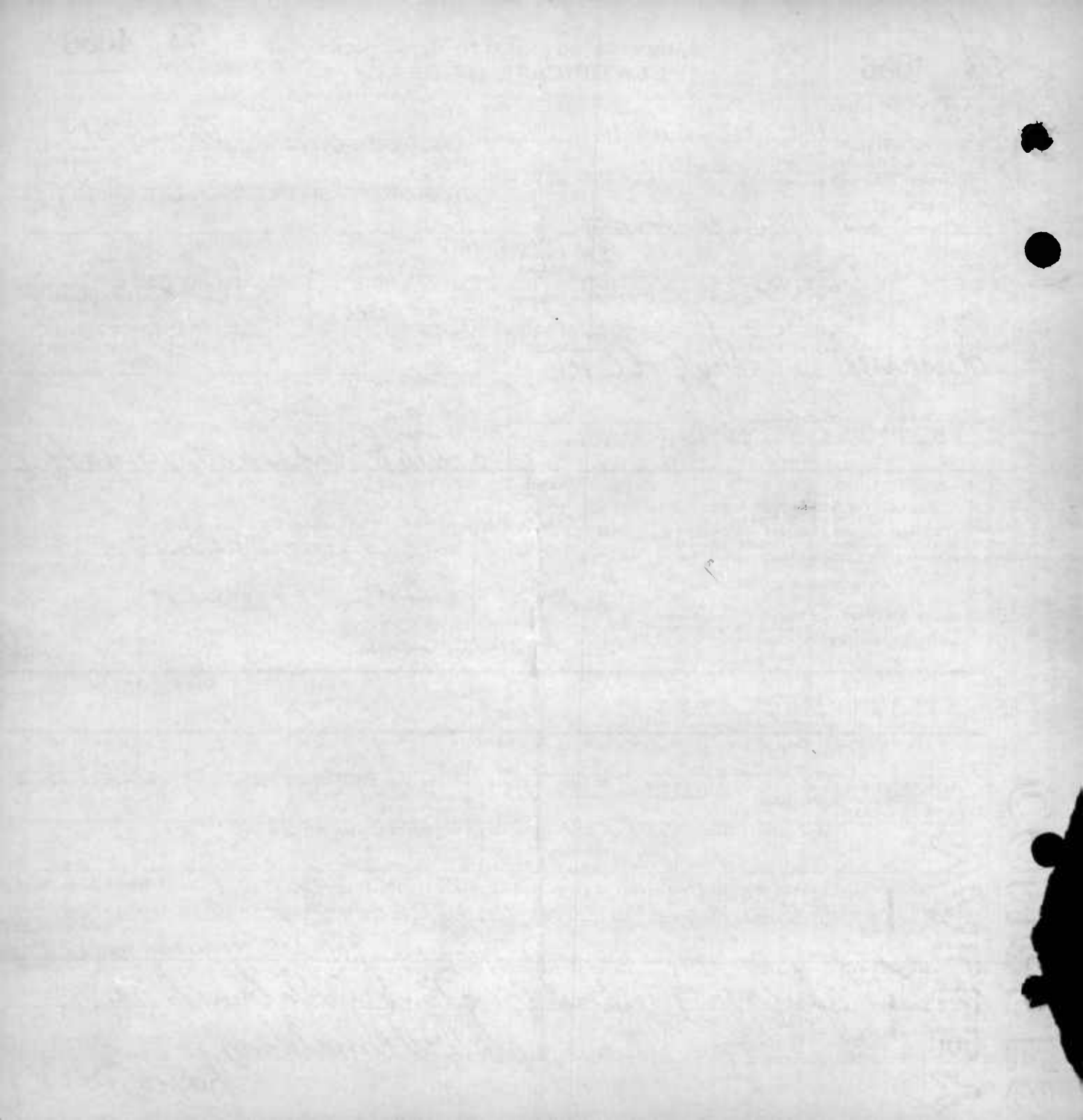
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

1-1-68



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4057**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**ELMER S. PENN**2. DATE
OF
DEATH**Apr. 25-1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Home For Incurables**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**Home For Incurables 700 W. 40th**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

305 Northfield Place

E. Length of stay in Baltimore

29 years

F. SEX

M.

G. COLOR OR RACE

WhiteH. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widower**

I. DATE OF BIRTH

June 3-1863J. AGE (in years
last birthday)**89**K. Under 1 Year
Months: DaysL. Under 24 Hours
Hours: Min.M. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Farmer - (rtd)**N. KIND OF BUSINESS OR
INDUSTRY**--**

O. BIRTHPLACE (State or foreign country)

Carrall Co. Md.P. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

Q. FATHER'S NAME

John Penn

R. MOTHER'S MAIDEN NAME

Mary Ellen WatkinsS. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**no**T. SOCIAL
SECURITY NO.**no**

U. INFORMANT

V. ADDRESS

Laura Fischer R.N. 700 W. 40th StW. 422.1 and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

X. CAUSE OF DEATH

(A) **Congestive Heart Failure**
DUE TO **Arteriosclerotic Cardiovascular**
Disease widespread, generalizedY. INTERVAL BETWEEN
ONSET AND DEATH**1 month**

Z. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Semile Emphysema & Diabetes**
DUE TO**Several**
Years
Several
Years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 11** 19**50**, to **April 25**, 19**53**, that I last saw the
deceased alive on **April 25**, 19**53**, and that death occurred at **8:55 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Thomas Conrad W. J.

23B. ADDRESS

M. D. **Home for Incurables of Balto. Co. Md. April 25 1953**

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

4/28/53

24C. NAME OF CEMETERY OR CREMATORY

Pine Grove Cem.

24D. LOCATION (City, town, or county) (State)

Mt. Airy, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.

100-4173

RECEIVED
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4058

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES EDWIN SMITH

2. DATE
OF
DEATH APR. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

MARYLAND BALTIMORE CITY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

JEFFERSON APTS. 4 E 32ND ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

JUL. 24, 1888

9. AGE (In years
last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of work log life, even if retired)

Junior Sec. Rtd

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dr BENJAMIN SMITH

14. MOTHER'S MAIDEN NAME

LUVY WILSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

109-09-9665

17. INFORMANT

MRS. JOSEPH GRANBERT

ADDRESS

503 W. 39TH
CITY

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ACUTE MYOCARDIAL
INFARCTION

DUE TO

12 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ARTERIOSCLEROTIC
HEART DISEASE

DUE TO

UNKNOWN

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR. 25, 1953, to APR. 26, 1953 that I last saw the
deceased alive on APR. 24, 1953, and that death occurred at 4:54 a. m., from the causes and on the date stated above.

23A. SIGNATURE

E Ene Trunnell Jr.

M. D.

23B. ADDRESS

UNION MEMORIAL HOSP.

23C. DATE SIGNED

APR. 27, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/29/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem.

24D. LOCATION (City, town, or county)

Harpford Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. P. Vickers, M.D.

ADDRESS

Baltimore 17, Md.

VS 150

350 73

Baltimore 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4059

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Dietz

2. DATE
OF
DEATH

April 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Armacost Nursing Home

Register and Sherwood Aves.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3311 White Ave.

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 15, 1870

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Dietz

14. MOTHER'S MAIDEN NAME

Sarah R. Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs. Marion Roach

ADDRESS

1912 E. 30th
St.

18.

174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Anemia*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Uterine Cancer*
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

6 Months

2 1/2 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct*, 19*52*, to *April*, 19*53*, that I last saw the
deceased alive on *April 24*, 19*53*, and that death occurred at *3:00* m., from the causes and on the date stated above.

23A. SIGNATURE

Charles F. O'Donnell

M. D.

23B. ADDRESS

7501 York Rd

23C. DATE SIGNED

*4/25/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 27, 53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Sander & Sons, Inc.

ADDRESS

Baltimore, Maryland

525

53 4060

53 4060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Anna B. Langenfelder.			2. DATE OF DEATH April 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 608 Berry St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 31, 1889		9. AGE (in years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James E. Shook.			14. MOTHER'S MAIDEN NAME Ninevah C. Baker.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS John G. Langenfelder 608 Berry St.		

18. 420.1 and 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arterio sclerosis -		6 mo
(C) hypertension.		6 mo.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Feb 12-53		19B. MAJOR FINDINGS OF OPERATION carcinoma of right breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 5 , 19 53 , to April 26 , 19 53 , that I last saw the deceased alive on April 26, 1953 , and that death occurred at 4 P. m. , from the causes and on the date stated above.				
23A. SIGNATURE Robert H. Mortimer		23B. ADDRESS 2706 St Paul St		23C. DATE SIGNED 4/27/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 29/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Olive	24D. LOCATION (City, town, or county) (State) Randallstown, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Austin E. Donovan - 3818 Roland Ave.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

33 400

12 1940

April 25, 1938

James E. Thompson

Barryland

Baltimore

Allen Memorial Hosp.

302 Perry St.

Dec 21, 1939

Married

Also

Barryland

James E. Thompson

John E. Thompson

Barryland, Md.

April 25/38

Barryland

53 4061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4061
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE GERTRUDE LOWREY

2. DATE OF DEATH
Apr. 24, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE Maryland b. COUNTY Baltimorec. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

d. STREET ADDRESS (If rural, give location)

417 Oakwood Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 4, 1897

9. AGE (In years, last birthday)

56

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GEORGE NUN

14. MOTHER'S MAIDEN NAME

AMELIA SALISBURY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS LILLIAN POOLE 417 OAKWOOD RD

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

J. P. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐23c. DATE SIGNED
Apr. 24, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

4/28/53

24c. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24d. LOCATION (City, town, or county)

FREDERICK RD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

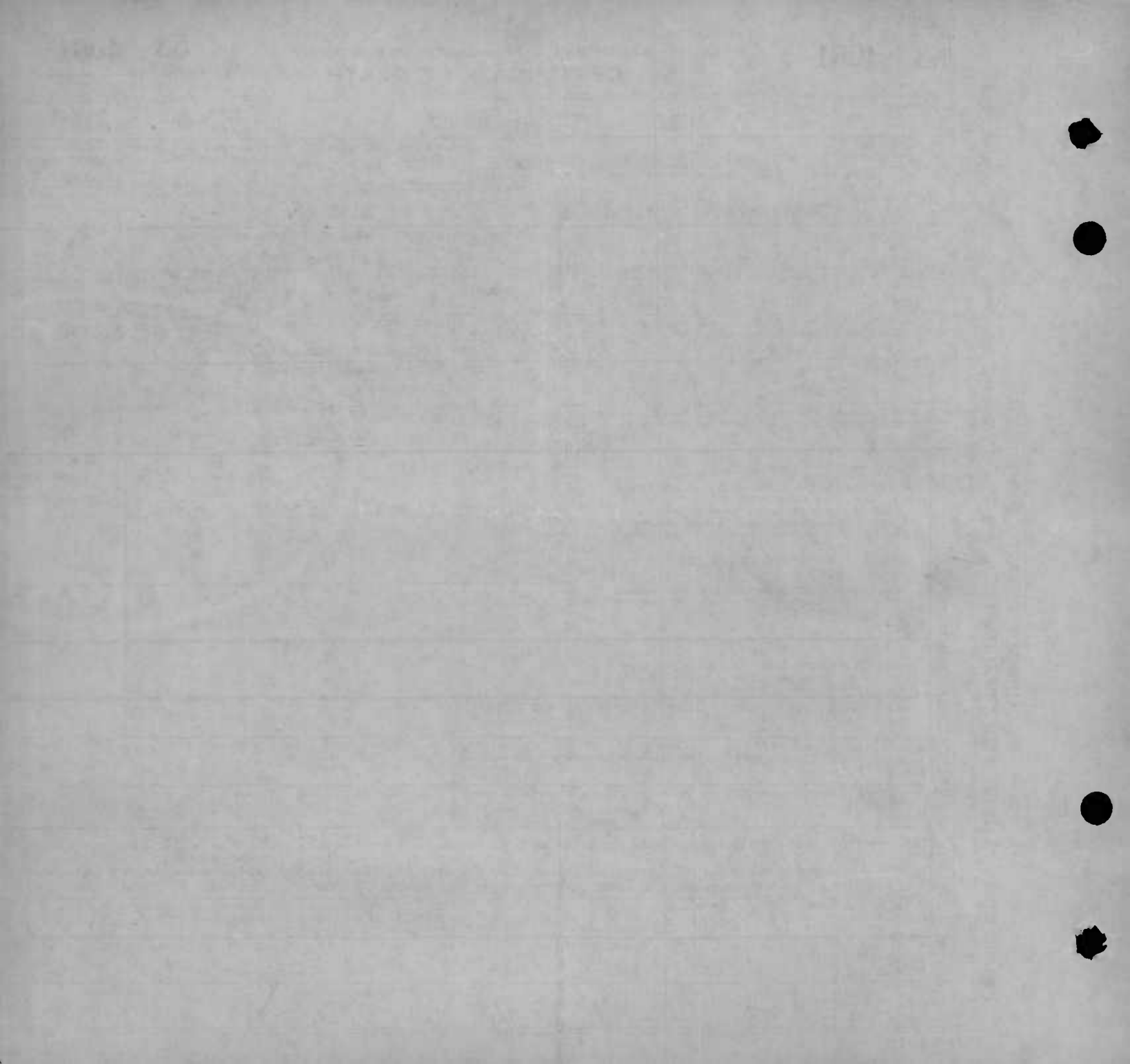
25. FUNERAL DIRECTOR

JOHN F. DENNY, INC 715 LIGHT ST

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4062
Registered No.53 4062
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Clemens Dorsey			2. DATE OF DEATH April-25-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION 1603 West Mulbery Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 44 Yrs.			D. STREET ADDRESS (If rural, give location) 1603 West Mulbery Street		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept.-19-1890	9. AGE (In years last birthday) 62	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) St Marys Co. Md.		
10B. KIND OF BUSINESS OR INDUSTRY In General			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Maggie Reid			ADDRESS 1603 West Bulbery St		
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Cardio-Renal - Vascular DUE TO 3 yrs.			INTERVAL BETWEEN ONSET AND DEATH 5 days		
19. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-21-53 , to 4-25-53 , that I last saw the deceased alive on 4-25-53 , and that death occurred at 4:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE George C. Hayes			23B. ADDRESS 1516 N. Mount St.		23C. DATE SIGNED 4-28-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/28/1953	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD		FUNERAL DIRECTOR Choygo, Wilson, 1500 Beardsley Ave	

53 4063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4063

1. NAME OF DECEASED (Type or Print) JOHN RICHARD WISLOFF			2. DATE OF DEATH Apr. 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02		
D. STREET ADDRESS (If rural, give location) 5 S. Broadway			E. LENGTH OF STAY IN BALTIMORE ?		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH 9/17/01		9. AGE (In years last birthday) 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bosh		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country) Norway		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ulrich Wisloff			14. MOTHER'S MAIDEN NAME Sigrid Bjornsen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 213-14-2264	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		
18. 411X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Calcific aortic stenosis with congestive heart failure DUE TO Undetermined			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic heart disease DUE TO Undetermined					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 2, 1953 to Apr. 26, 1953 , that I last saw the deceased alive on Apr. 26, 1953 , and that death occurred at 10:07 AM from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter J.A. Hunter, Clinical Director			23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 4/27/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE Apr 30 - 1953	24C. NAME OF CEMETERY OR CREMATORY Greenmount	24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc - 1217 St Paul St.	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

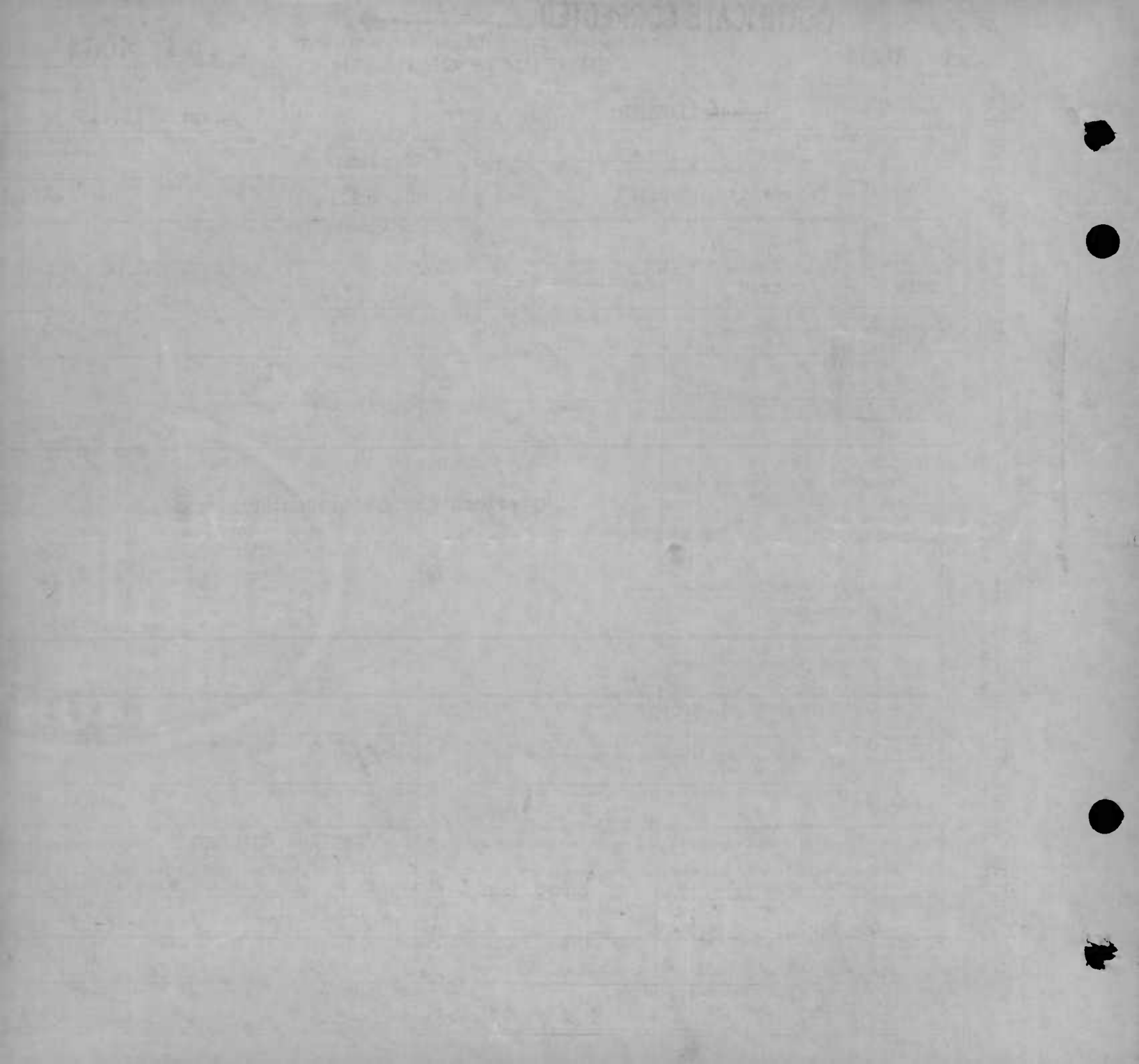
1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Place of birth	
6. Date of death		7. Time of death		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Signature of witness		14. Signature of funeral director		15. Signature of undertaker	
16. Signature of coroner		17. Signature of jury		18. Signature of jury		19. Signature of jury		20. Signature of jury	
21. Signature of jury		22. Signature of jury		23. Signature of jury		24. Signature of jury		25. Signature of jury	
26. Signature of jury		27. Signature of jury		28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury		34. Signature of jury		35. Signature of jury	
36. Signature of jury		37. Signature of jury		38. Signature of jury		39. Signature of jury		40. Signature of jury	
41. Signature of jury		42. Signature of jury		43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury		49. Signature of jury		50. Signature of jury	
51. Signature of jury		52. Signature of jury		53. Signature of jury		54. Signature of jury		55. Signature of jury	
56. Signature of jury		57. Signature of jury		58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury		64. Signature of jury		65. Signature of jury	
66. Signature of jury		67. Signature of jury		68. Signature of jury		69. Signature of jury		70. Signature of jury	
71. Signature of jury		72. Signature of jury		73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury		79. Signature of jury		80. Signature of jury	
81. Signature of jury		82. Signature of jury		83. Signature of jury		84. Signature of jury		85. Signature of jury	
86. Signature of jury		87. Signature of jury		88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury		94. Signature of jury		95. Signature of jury	
96. Signature of jury		97. Signature of jury		98. Signature of jury		99. Signature of jury		100. Signature of jury	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

<div style="display: flex; justify-content: space-between;"> 53 4064 CERTIFICATE CORRECTED 53 4064 </div> <div style="text-align: center;"> BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH </div>			
BIRTH NO.		Registered No.	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ARTHUR LUTHER LEVERETT		April 26, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		a. STATE: Maryland b. COUNTY: Howard	
c. Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cooksville	
5. SEX: Male		d. STREET ADDRESS (If rural, give location)	
6. COLOR OR RACE: Colored		8. DATE OF BIRTH: 1/24/1895	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (in years last birthday): 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Georgia	
10b. KIND OF BUSINESS OR INDUSTRY Agricultural		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Allen Leverett		14. MOTHER'S MAIDEN NAME Leathly Parks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		17. INFORMANT ADDRESS Francis Leverett Cooksville	
16. SOCIAL SECURITY NO. none		18. 443X	
CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease			
(B) ANTECEDENT CAUSES			
(C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23a. SIGNATURE William Updegraff		23b. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED 4-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 30-1953	
24c. NAME OF CEMETERY OR CREMATORY Bushy Park		24d. LOCATION (City, town, or county) (State) Cooksville Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Weir & Knight - P. Hewitt Md		ADDRESS	



53 4065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4065
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH ENGEL

2. DATE
OF
DEATH APRIL 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

3804 Old Frederick Road

D. STREET ADDRESS (If rural, give location)

3804 Old Frederick Road

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

August 10, 1868

9. AGE (In years
last birthday)

64

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Weber

14. MOTHER'S MAIDEN NAME

Anna Reahl

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NO

17. INFORMANT

ADDRESS

Misses Engel (Daughters) 3804 Old Fredk. Rd.

18. 421.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Apoplexy

General Arteriosclerosis
Mitral Regurgitation

1 day

28 hrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1928, to Apr 26, 1953, that I last saw the
deceased alive on Apr 26, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

April 30, 1868

Woodlawn

Woodlawn - Balto. Co. - Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 28 1953

Huntington Williams, M.D.

Stewart & Mowen Company 108 W. North Ave.

A-536

53 4066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4066
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS H. ANDERSON

2. DATE
OF
DEATH

4-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1403 HARFORD AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

9-09

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1403 HARFORD AVE.

5. SEX

M

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6-9-1883

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED (DRY CLEANER)

10B. KIND OF BUSINESS OR
INDUSTRY

MAJESTIC CLEANERS

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

THOMAS ANDERSON

14. MOTHER'S MAIDEN NAME

MARY WILSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-07-9669

17. INFORMANT

JOSIE ANDERSON 1403 HARFORD AVE.

ADDRESS

18. 331X

CAUSE OF DEATH

DISEASE OR CONDICTION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDICTIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDICTION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDICTION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 7-19 1953, to 4-26 1953, that I last saw the
deceased alive on 4-25 1953, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

A. C. Burwell

M. D.

23B. ADDRESS

690 Aigunah St

23C. DATE SIGNED

27 April 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4-29-53

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A.A. COUNTY, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph S. Locks, Jr. 1304 N. Central Ave.

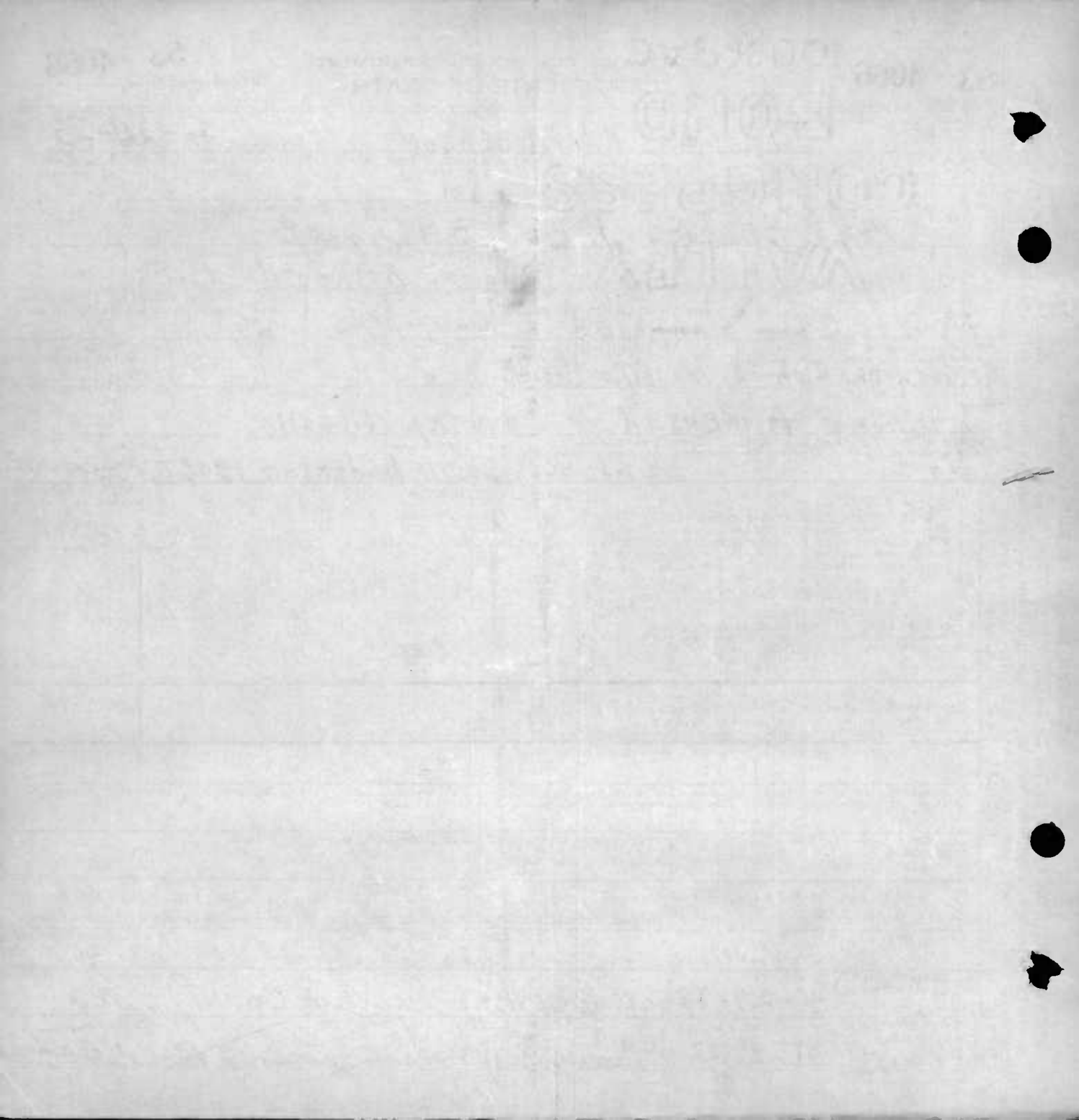
ADDRESS

VS 150

690 FC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4067
Registered No.

53 4067
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ETHEL MAY SCHIER			2. DATE OF DEATH APRIL-27-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1116 RIVERSIDE AVE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE - B. COUNTY 24-03		
5. FULL NAME OF HOSPITAL OR INSTITUTION -			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD		
6. Length of stay in Baltimore 65 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1116 RIVERSIDE AVE		
5. SEX FEM	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 2, 1887	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME JAMES HARVEY			12. CITIZEN OF WHAT COUNTRY? US		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT GEO SCHIER			ADDRESS 1116 RIVERSIDE AVE		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertension DUE TO Arteriosclerosis DUE TO 2 years	CAUSE OF DEATH Cerebral Hemorrhage Hypertension Arteriosclerosis 2 years	INTERVAL BETWEEN ONSET AND DEATH 2 years
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 5, 1953** to **April 27, 1953**, that I last saw the deceased alive on **4/2/53**, and that death occurred at **5:10 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE
Isaac Miller M.D.

23B. ADDRESS
1225 P Charles St

23C. DATE SIGNED
4/27/53

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE MAY-1-53	24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEM	24D. LOCATION (City, town, or county) (State) A.A Co.
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Bernard C. Harbo	ADDRESS 121 E West St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4068

Registered No. _____

53 4068

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Maud E. Greenfield

2. DATE
OF
DEATH

April 27 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

752 McHenry Street

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

752 Mc Henry Street

c. Length of stay in Baltimore

40 yrs

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 30, 1894

9. AGE (In years,
last birthday)

58

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Thomas Currey

14. MOTHER'S MAIDEN NAME

Alice Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Thomas Greenfield 752 McHenry St.

18. 155X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Carcinoma of Gall Bladder

15 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocarditis

5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Jan 3rd, 1952, to Apr 27th, 1953, that I last saw the deceased alive on Apr 26th, 1953, and that death occurred at 5:13 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry J. Cates

M. D.

23B. ADDRESS

517 Scott St

23C. DATE SIGNED

Apr 28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

April 30-53

New Cathedral

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

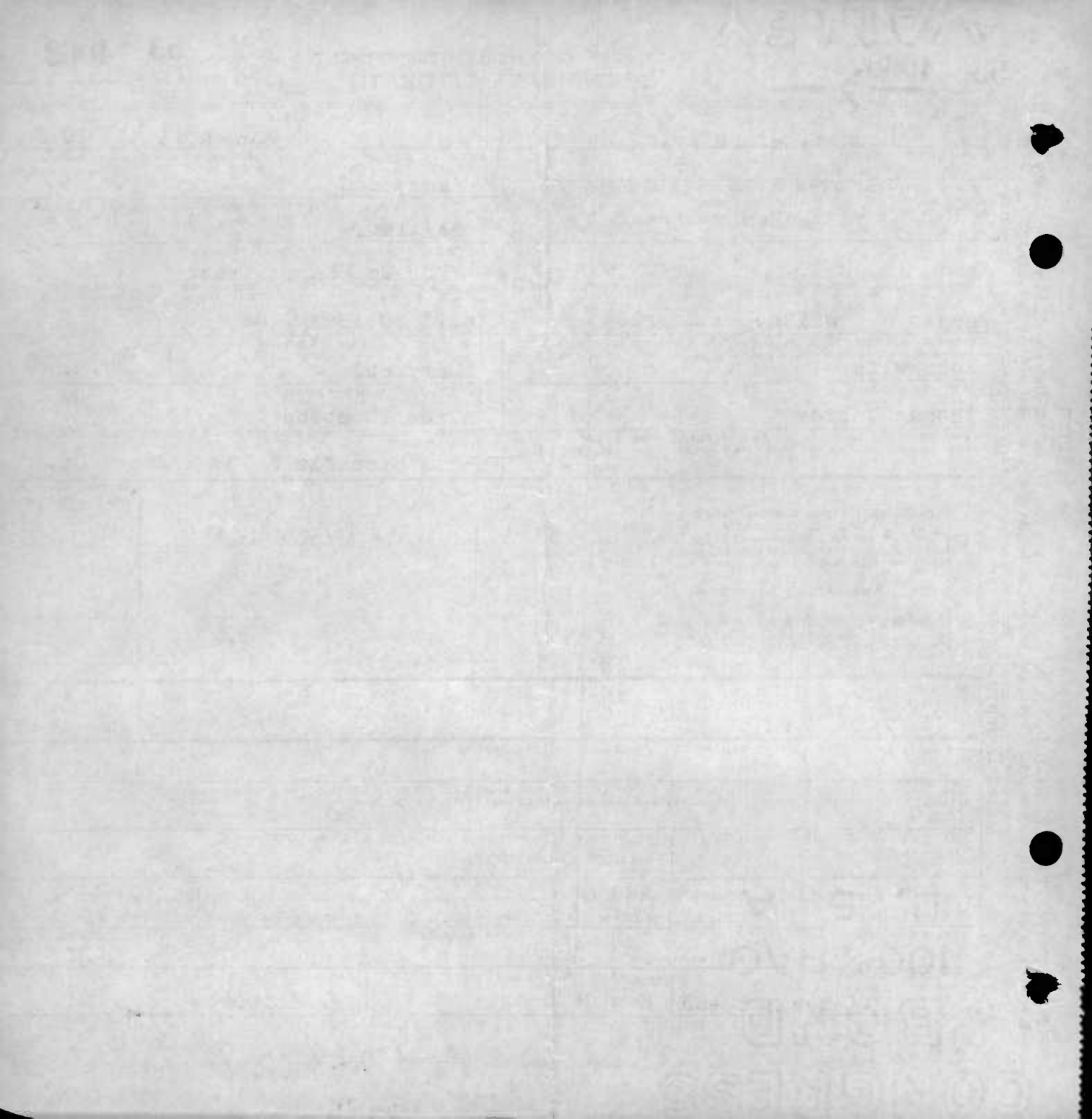
ADDRESS

APR 28 1953

Huntington Williams

Joseph Kasinskis, Inc

430 Homeland Avenue



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4069
Registered No.

53 4069

1. NAME OF DECEASED (Type or Print)		JOHN EYRE		2. DATE OF DEATH April 26, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 33 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4613 Roland Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH Sept. 5, 1884	9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager		10B. KIND OF BUSINESS OR INDUSTRY U.S. Printing Industry & Lithograph Co.		11. BIRTHPLACE (State or foreign country) New Jersey	
13. FATHER'S NAME John Eyre			14. MOTHER'S MAIDEN NAME Clara Dunham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Dr. John Dunham Eyre, Jr. Wellesley, Mass.	

18. E816.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Head Injury with Subdural Abscess XXXXX (B) Bronchopneumonia XXXXX (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) University Parkway near Wickford Rd. 13/7	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-2-53 2:40 A. M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? and pole driver of auto that struck parked cars	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. Wood</i>		23B. CHIEF MEDICAL EXAMINER M.D.		23C. DATE SIGNED 4-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5 - 1 - 53		24C. NAME OF CEMETERY OR CREMATORY Bay View	
24D. LOCATION (City, town, or county) Jersey City, N. J.		24E. LOCATION (State) (State)			
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1953		REGISTRAR'S SIGNATURE <i>William W. Wood</i>		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place	

MARGIN RESERVED FOR BINDING

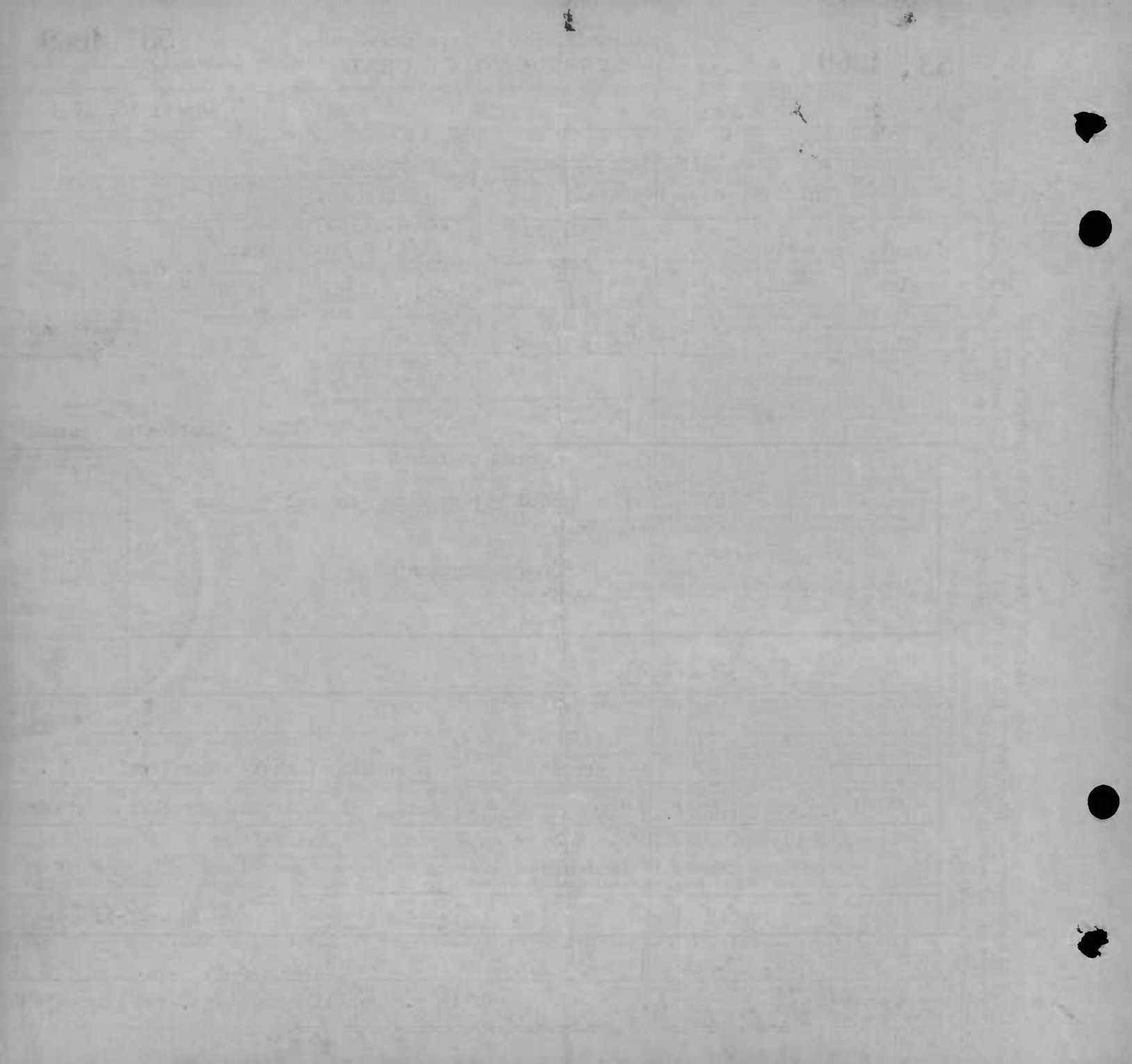
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

N 856.2

2904M

W B Mitchell



W-325

MA-4116

53 4070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4070

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HARRIETT STRONG WATKINS

2. DATE
OF
DEATH

April 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

none

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3510 Cedardale Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3510 Cedardale Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 18, 1862

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Chestertown, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Lawrence Strong

14. MOTHER'S MAIDEN NAME

Angie Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Joseph M. Watkins

ADDRESS

3510 Cedardale Road

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Gastric Stenosis
Pancreatic Malignancy
Myocarditis
Hypertension
Chronic Schistosomiasis2 days
6 mos
Gradual
✓

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9th 1953, to April 26, 1953, that I last saw the
deceased alive on 4-26, 1953, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Hardy

M. D.

23B. ADDRESS

1403 Park Ave.

23C. DATE SIGNED

4 - 27 - 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4 - 29 - 53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth	
6. Usual residence		7. Date of death		8. Place of death		9. Cause of death		10. Manner of death	
11. Signature of physician		12. Signature of medical examiner		13. Signature of coroner		14. Signature of registrar		15. Signature of informant	

16. Signature of informant		17. Signature of registrar		18. Signature of coroner		19. Signature of medical examiner		20. Signature of physician	
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21. Signature of informant		22. Signature of registrar		23. Signature of coroner		24. Signature of medical examiner		25. Signature of physician	
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26. Signature of informant		27. Signature of registrar		28. Signature of coroner		29. Signature of medical examiner		30. Signature of physician	
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

T-520 D.O.A. 1:15 Med. Ex Case - Released to Hosp. 53 4071		BALTIMORE CITY HEALTH DEPARTMENT		53 4071	
BIRTH NO. 53 4071		A.M. Dr. Lukens		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		FRED JOHN THOMAS		2. DATE OF DEATH April 26, 1953	
3. PLACE OF DEATH:		A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location)		529 S. Bond St.		Baltimore 2-03	
c. Length of stay in Baltimore		30 yrs.		8. DATE OF BIRTH	
5. SEX		6. COLOR OR RACE		9. AGE (In years last birthday)	
male		White		51	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		married		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Labor		Carlton Sprg. Ry		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		unknown		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		none		14. MOTHER'S MAIDEN NAME	
16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
18. 158X and 581.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Carcinomatosis		6 mo	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		involving omentum and mesentery		CERTIFICATION APPROVED BY	
ANTECEDENT CAUSES		Laennec's		W.D.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Cirrhosis of liver		years	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/26/53 to 19__, that I last saw the deceased alive on 19__, and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
David Lukens		JOHNS HOPKINS HOSPITAL		4-26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		4/29/53		Trinty Russian	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Elkridge, Md.		Howard H. Hubbard		2503 Edmondson	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
APR 28 1953		Huntington Williams, M.D.		Howard H. Hubbard	
VS 150		97099		2503 Edmondson	

Anatomical diagnosis in Document file

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4072

53 4072

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anthony Dabkowski</i>			2. DATE OF DEATH <i>4-26-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>yes</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-03</i>		
C. Length of stay in Baltimore <i>50</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>731 8 Montford Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 18 83</i>		9. AGE (In years last birthday) <i>69</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Lungs Pickling</i>	11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Thomas Dabkowski</i>			14. MOTHER'S MAIDEN NAME <i>Aleksandra Elanicka</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>212-09-7551</i>	17. INFORMANT ADDRESS <i>Bertha Dabkowski 7318 Montford Ave</i>		

18. *422.1 I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Pneumonia*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary failure*
DUE TO
(C) *Myocardial C.V. disease*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *Cellulitis of r. foot & leg*19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/22*, 19*53*, to *4/26*, 19*53*, that I last saw the deceased alive on *4/26*, 19*53*, and that death occurred at *9* p. m., from the causes and on the date stated above.23A. SIGNATURE *Arthur J. Jannuchi*

M. D.

23B. ADDRESS *2911 Carter Ave.*23C. DATE SIGNED *4/28/53*24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*24B. DATE *4-30-1953*24C. NAME OF CEMETERY OR CREMATORY *Holy Rosary*24D. LOCATION (City, town, or county) *Balto., Co.*(State) *Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Huntington*

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2207 Eastern Ave

STATE OF NEW YORK
DEPARTMENT OF HEALTH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4073**BIRTH NO. **53 4073**

1. NAME OF DECEASED (Type or Print) Dr. Leonard A. Richardson			2. DATE OF DEATH April 27 '53		
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Ma. B. COUNTY 12-07		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore life Yrs. life Mos. life Days life			D. STREET ADDRESS (If rural, give location) 112 West 25th St.		
5. SEX m.	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 8 '1881	9. AGE (In years last birth day) 71	10. Under 1 Year Months Days 11. Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work held during most of working life, even if retired) Physician			10B. KIND OF BUSINESS OR INDUSTRY Physician		
13. FATHER'S NAME Thomas L. Richardson			14. MOTHER'S MAIDEN NAME Dora Allen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. Nora Richardson			ADDRESS 112 W 25th St		

18. **422.1 and 260X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Diabetes mellitus**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic cardiovascular disease with cardiac decompensation**
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **27** 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

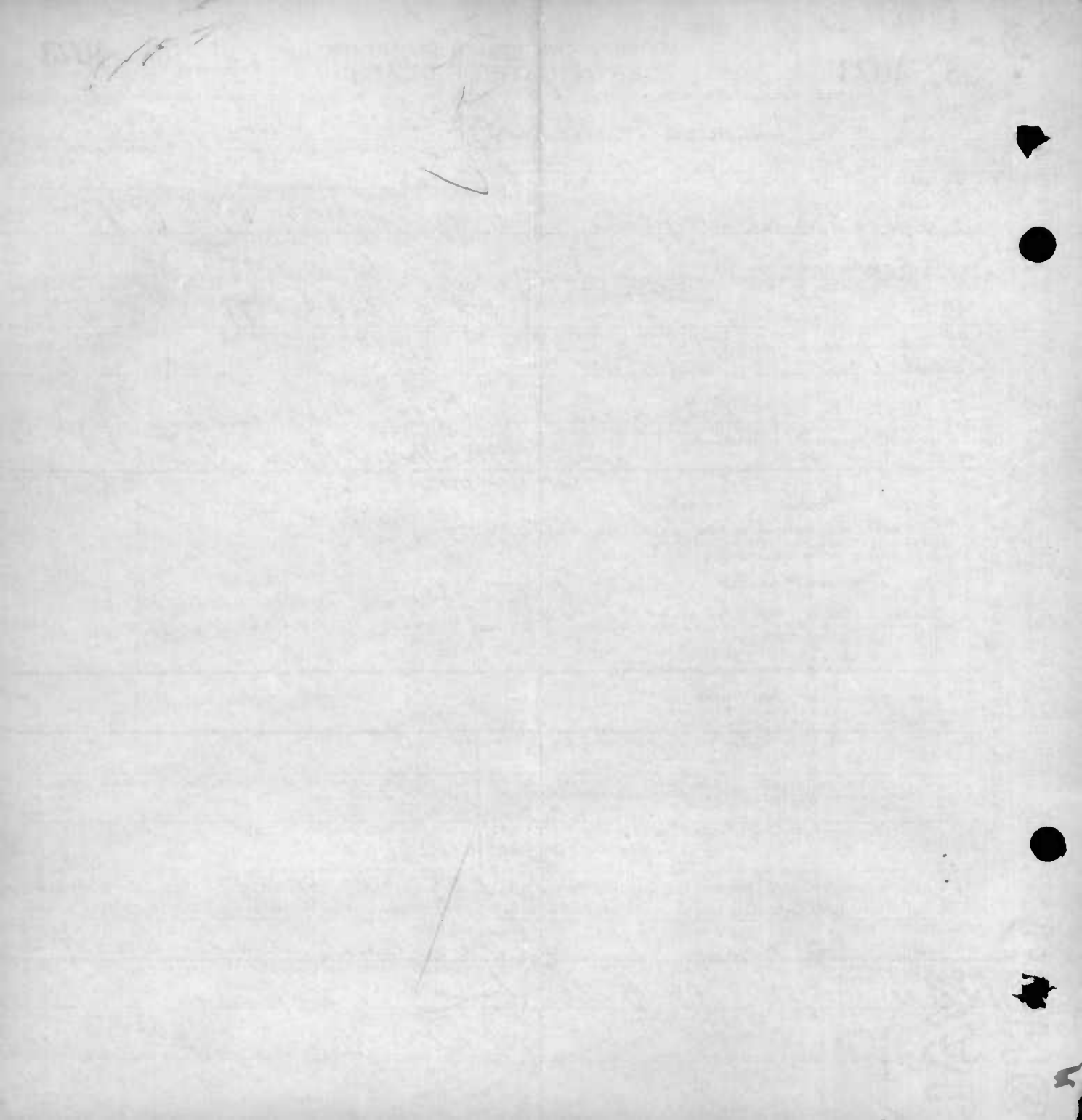
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 25, 1953**, to **April 27, 1953**, that I last saw the deceased alive on **April 27, 1953**, and that death occurred at **8:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Dr. Jui Lin** M. D. **Ma. General Hospital** 23B. ADDRESS **Ma. General Hospital** 23C. DATE SIGNED **April 27 '53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr 30/53	24C. NAME OF CEMETERY OR CREMATORY Baldwin	24D. LOCATION (City, town, or county) (State) Baltimore
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DATE RECEIVED BY LOCAL REGISTRAR **APR 28 1953** REGISTRAR'S SIGNATURE **Wilmington Williams** 25. FUNERAL DIRECTOR **Philips Hewing Sons, 2024** ADDRESS **2024**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4074BIRTH NO. 53 4074

1. NAME OF DECEASED (Type or Print) <u>EDWARD VINCENT GOLDRICK</u>			2. DATE OF DEATH <u>4-26-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2452 GREENMOUNT AVE</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO.</u> <u>12-03</u>		
c. Length of stay in Baltimore Yrs. <u>2452 GREENMOUNT AVE</u> Mos. <u>2452 GREENMOUNT AVE</u> Days			D. STREET ADDRESS (If rural, give location)		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1880</u>		9. AGE (in years, last birthday) <u>-73-</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BALTO., MD.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>UNKNOWN</u>			14. MOTHER'S MAIDEN NAME <u>KATHERINE ROYAL</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>MRS. WALTER BROOKS - 1518 LOCHWOOD RD</u>		
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u> DUE TO <u>Arteriosclerotic Cardiovascular Disease with Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>5 yrs</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-25</u> , 19 <u>53</u> to <u>4-26</u> , 19 <u>53</u> that I last saw the deceased alive on <u>4-25</u> , 19 <u>53</u> , and that death occurred at <u>1 a.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>P. D. Linn</u>			23B. ADDRESS <u>11 E. Chase St.</u>		23C. DATE SIGNED <u>4/27/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>4-27-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>PARKWOOD CEM.</u>	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR <u>Huntington Williams, MD</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 28 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>		ADDRESS <u>Greenmount Ave. & 22nd St.</u>	

MRS. CLEM SPRING, (1)
508 ANNESIE RD

1952
1934

54
19
73

Ja. Borolovich.

2:00 P.M.

Stam. ok

DR FLYNN. ok

M.

FLOWERS

H-632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4075
Registered No.53 4075
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Gregory Hardesty (GREGORY MICHAEL)

2. DATE
OF
DEATH

4-28-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2018 BARCLAY ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1907

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Gov't.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ALLEN B. HARDESTY

14. MOTHER'S MAIDEN NAME

ANNA SWEENEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. M. Dolores Hardesty 2018 BARCLAY

18. E976X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of Head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2018 Barclay St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found: 4/28/53 4p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot self in head.

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. White

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

4-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-28-53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

Balto.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

WIEDEFEED & SON

ADDRESS

GREENMOUNT AVE & 22ND

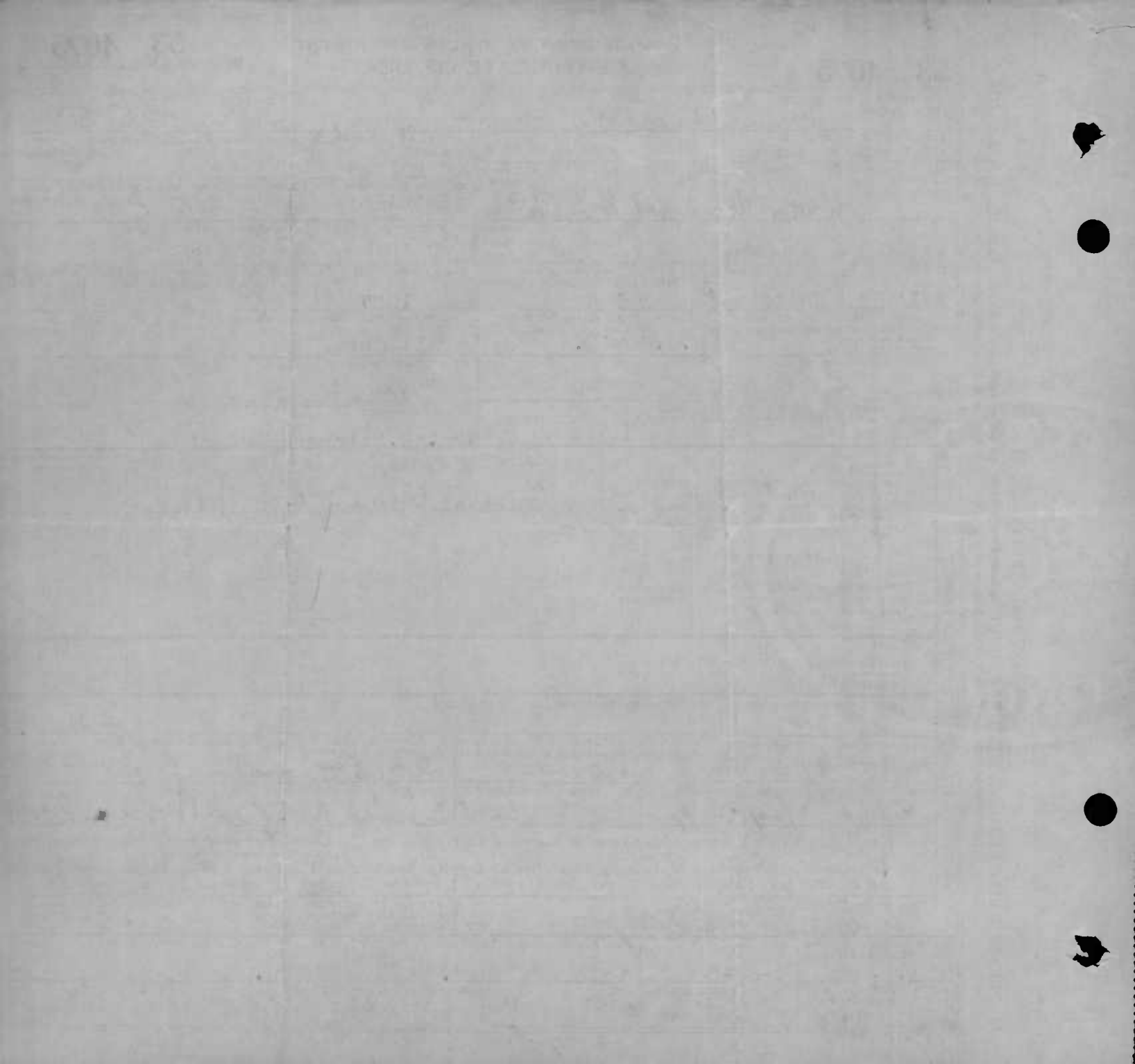
VS 151

N 803.4

5124M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



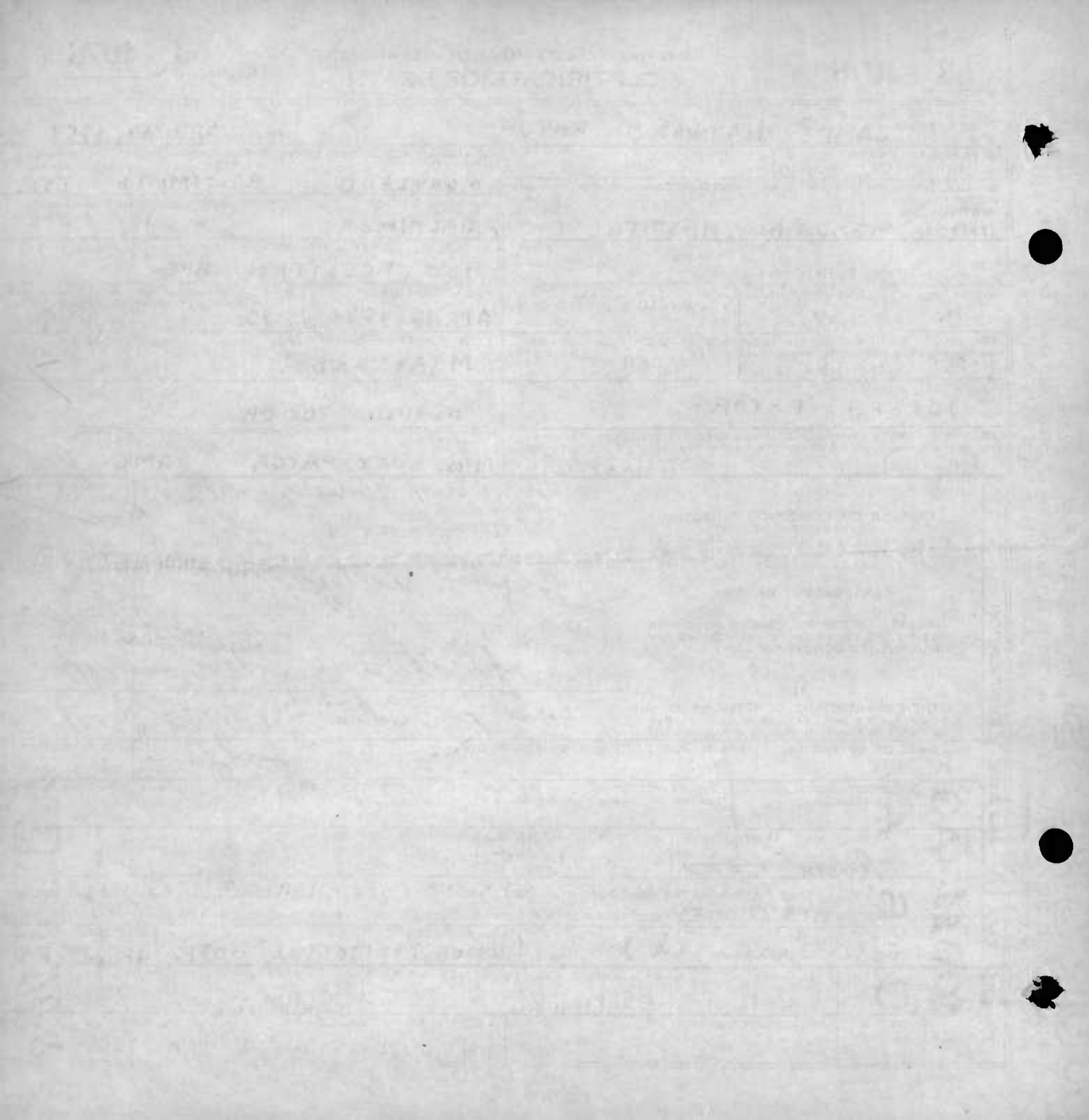
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4076
Registered No.53 4076
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES HAYWARD PRYOR			2. DATE OF DEATH APR. 27, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY		
b. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 400 ROSSITER AVE.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH APR. 16, 1881	9. AGE (In years, last birthday) 72	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER CUTTER			10b. KIND OF BUSINESS OR INDUSTRY PAPER		
13. FATHER'S NAME JOSEPH PRYOR			14. MOTHER'S MAIDEN NAME OLIVIA COOK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 212-07-3295		
17. INFORMANT MRS. LUCY PRYOR			ADDRESS SAME		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Generalized arteriosclerosis Thrombosis of right carotid artery			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO			CERTIFICATION APPROVED BY W. H. D. CHIEF OF ASST. MEDICAL EXAMINER.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (B) DUE TO			Infarction of entire temporal base including the right occipital base.		
19a. DATE OF OPERATION 0			19b. MAJOR FINDINGS OF OPERATION base.		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY April 24, 53			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from APR. 24 , 19 53 to APR. 27 , 19 53 that I last saw the deceased alive on APR 27 , 19 53 , and that death occurred at m. , from the causes and on the date stated above.					
23a. SIGNATURE E. E. E. Drummell Jr.			23b. ADDRESS UNION MEMORIAL HOSP.		
23c. DATE SIGNED APR. 27, 53					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-30-1953	24c. NAME OF CEMETERY OR CREMATORY BALTIMORE	24d. LOCATION (City, town, or county) BALTIMORE	(State) MD.
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		REGISTRAR'S SIGNATURE H. W. Jenkins		25. FUNERAL DIRECTOR H. W. JENKINS & SONS Co. 4905 YORK RD.	
VS 150					

6904J

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4077

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to April 27, 1953, that I last saw the
deceased alive on 4-26, 1953, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4078
Registered No.53 4078
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Walter Curtis</i>			2. DATE OF DEATH <i>April 24, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>654 W Mulberry St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore Yrs. <i>17-01</i> Mos. <i>654 W. Mulberry St.</i> Days			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept. 8, 1881</i>	9. AGE (last birthday) <i>71</i>	10. Under 1 Year Months: <i>7</i> Days: <i>17</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lbr Washer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bakery</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Benjamin Curtis</i>			14. MOTHER'S MAIDEN NAME <i>Sarah ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Hilda Taylor</i>		
18. <i>420.1</i>		CAUSE OF DEATH		ADDRESS <i>1306 Duvall St.</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cornary Occlusion</i>			(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cornary Sclerosis</i>			(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) DUE TO		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/10/51</i> , 19 <i>51</i> , to <i>4/24/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4/23/53</i> , and that death occurred at <i>5:04</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>William Danner</i>			23B. ADDRESS <i>753 Cox St.</i>		23C. DATE SIGNED <i>4/27/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/28/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Calvary Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Cedar Hill Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. K. Williams</i>	
				ADDRESS <i>332</i>	

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

1. Name of the deceased		2. Sex		3. Age		4. Date of birth		5. Date of death	
6. Cause of death		7. Place of death		8. Signature of the doctor		9. Signature of the registrar		10. Signature of the witness	
11. Name of the hospital		12. Name of the district		13. Name of the province		14. Name of the country		15. Name of the city	
16. Name of the street		17. Name of the house		18. Name of the plot		19. Name of the lot		20. Name of the block	
21. Name of the building		22. Name of the room		23. Name of the floor		24. Name of the section		25. Name of the ward	
26. Name of the bed		27. Name of the bed number		28. Name of the bed name		29. Name of the bed number		30. Name of the bed name	
31. Name of the bed number		32. Name of the bed name		33. Name of the bed number		34. Name of the bed name		35. Name of the bed number	
36. Name of the bed name		37. Name of the bed number		38. Name of the bed name		39. Name of the bed number		40. Name of the bed name	
41. Name of the bed number		42. Name of the bed name		43. Name of the bed number		44. Name of the bed name		45. Name of the bed number	
46. Name of the bed name		47. Name of the bed number		48. Name of the bed name		49. Name of the bed number		50. Name of the bed name	
51. Name of the bed number		52. Name of the bed name		53. Name of the bed number		54. Name of the bed name		55. Name of the bed number	
56. Name of the bed name		57. Name of the bed number		58. Name of the bed name		59. Name of the bed number		60. Name of the bed name	
61. Name of the bed number		62. Name of the bed name		63. Name of the bed number		64. Name of the bed name		65. Name of the bed number	
66. Name of the bed name		67. Name of the bed number		68. Name of the bed name		69. Name of the bed number		70. Name of the bed name	
71. Name of the bed number		72. Name of the bed name		73. Name of the bed number		74. Name of the bed name		75. Name of the bed number	
76. Name of the bed name		77. Name of the bed number		78. Name of the bed name		79. Name of the bed number		80. Name of the bed name	
81. Name of the bed number		82. Name of the bed name		83. Name of the bed number		84. Name of the bed name		85. Name of the bed number	
86. Name of the bed name		87. Name of the bed number		88. Name of the bed name		89. Name of the bed number		90. Name of the bed name	
91. Name of the bed number		92. Name of the bed name		93. Name of the bed number		94. Name of the bed name		95. Name of the bed number	
96. Name of the bed name		97. Name of the bed number		98. Name of the bed name		99. Name of the bed number		100. Name of the bed name	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4079

Registered No. _____

53 4079

1. NAME OF DECEASED (Type or Print) Helen Truxon Duvall		2. DATE OF DEATH 4/24/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 15-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2036 W. North Avenue	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 59
13. FATHER'S NAME Stephen Truxon		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Emma Joyner	
17. INFORMANT Howard Duvall		ADDRESS 2036 W. North Ave.	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of heart		INTERVAL BETWEEN ONSET AND DEATH 1 year	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastasis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 4/24/52		19B. MAJOR FINDINGS OF OPERATION Carcinoma of heart	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/22 , 19 52 , to 4/24 , 19 53 that I last saw the deceased alive on 4/22 , 19 52 , and that death occurred at 19 m., from the causes and on the date stated above.			
23A. SIGNATURE H. Williams		23B. ADDRESS 600 N. Arlington Avenue	
23C. DATE SIGNED 4/27/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 4/28/53	
24C. NAME OF CEMETERY OR CREMATORY Western Star Cem		24D. LOCATION (City, town, or county) (State) Catonville Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR W. H. Williams		ADDRESS 332 N. Broadway	

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

CERTIFICATE OF ANALYSIS

Name of Applicant		Name of Manufacturer	
Address of Applicant		Address of Manufacturer	
City and State		City and State	
Date of Analysis		Date of Issuance	
Name of Analyst		Name of Inspector	
Signature of Analyst		Signature of Inspector	
Official Seal of Bureau of Plant Industry		Official Seal of Bureau of Plant Industry	
Description of Sample		Description of Sample	
Amount of Sample		Amount of Sample	
Results of Analysis		Results of Analysis	
Remarks		Remarks	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4080

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 4080

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. George Bradley Sybert

2. DATE
OF
DEATH

April 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

Columbia Pike

Dower House

6300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 17, 1898

9. AGE (in years last birthday)

54

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician and Surgeon

10B. KIND OF BUSINESS OR INDUSTRY

same

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Pius A. Sybert

14. MOTHER'S MAIDEN NAME

Anna Marie Haid

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

yes

(If yes, give war or dates of service)

World War No. 1

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

City

Mrs. Anna M. Sybert-Columbia Pike, Ellicott

18. 200.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Retroperitoneal reticulum cell
*** sarcoma with metastases to regional nodes, diaphragm, right pleura

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April 5, 1953

19B. MAJOR FINDINGS OF OPERATION

Intestinal obstruction with Abdominal mass

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1953, to April 27, 1953, that I last saw the deceased alive on April 27, 1953, and that death occurred at 1:35 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1400 N. Carline St.

23C. DATE SIGNED

April 27, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/30/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 28 1953

Huntington Williams, M.D. 2700 N. J. Pickens & Sons

VS 150

075 FS

Bath. 17, Md.

(100)

02

BATHING AND HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1902

Name of Deceased		Age		Sex		Race		Religion		Marital Status		Occupation		Residence		Date of Death		Place of Death		Cause of Death		Signature of Physician		Signature of Registrar		Signature of Witness	

53 4081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4081

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELMER CLARENCE LEPSON

2. DATE
OF
DEATH

April 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1001 Ashburton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1001 Ashburton St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 20, 1881

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

cutter

10B. KIND OF BUSINESS OR
INDUSTRY

sheet metal

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Lepson

14. MOTHER'S MAIDEN NAME

Alice McNasby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
215-05-0592

17. INFORMANT

ADDRESS

Mrs. Louise Lepson - 1001 Ashburton St.

18. 199.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized Carcinoma

16 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Primary lesion in left side of neck - from there spread to groin and abdomen

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

August 19, 1952

removal of tumor in left side of neck - report - Cancer

Pathologist

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1952, to April 25, 1953, that I last saw the deceased alive on April 24, 1953, and that death occurred at 11:39 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Zierler

M. O.

23B. ADDRESS

2318 Euter Place

23C. DATE SIGNED

April 27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/28/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons

ADDRESS

Balto. 17, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4082
Registered No. 53 4082

BIRTH NO. 53 4082

1. NAME OF DECEASED
(Type or Print) Mary Ridgeley

2. DATE OF DEATH April 28 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY Prince George's

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Bar-Wil-Ba Convalescent Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
SEAT PLEasant

D. STREET ADDRESS (If rural, give location)
6600

c. Length of stay in Baltimore 21 Days

5. SEX Female

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH 6-24-79

9. AGE (In years last birthday) 73

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Unknown

14. MOTHER'S MAIDEN NAME
Julia Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mildred Gray, Seat Pleasant, Md.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Left-sided hemiplegia

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7-, 1953, to 4-28-, 1953, that I last saw the deceased alive on 4-24-, 1953, and that death occurred at 12:10a.m., from the causes and on the date stated above.

23A. SIGNATURE CR. Campbell

23B. ADDRESS 718 Dolphin Dr.

23C. DATE SIGNED 4-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 5/2/53

24C. NAME OF CEMETERY OR CREMATORY Ridgeley

24D. LOCATION (City, town, or county) (State) Ridgeley, Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 28 1953

REGISTRAR'S SIGNATURE Huntington Williams

25. FUNERAL DIRECTOR Charles R. Law

ADDRESS 802 Mad. Ave.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

NAME OF DECEASED		DATE OF DEATH	
SEX		AGE	
RACE		PLACE OF BIRTH	
MARRIED		OCCUPATION	
EDUCATION		RELIGION	
CAUSE OF DEATH		PLACE OF DEATH	
MANNER OF DEATH		DATE OF BURIAL	
SIGNATURE OF REGISTRAR		SIGNATURE OF WITNESS	
DATE OF ENTRY		TIME OF ENTRY	
OFFICE OF THE REGISTRAR		ALBANY, N. Y.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4083BIRTH NO. 53 4083

1. NAME OF DECEASED (Type or Print) Willard B. Jones			2. DATE OF DEATH Apr 27 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Haven Nursing Home 4515 Garrison Blvd			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 35 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3713 Mohawk Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 19 1881		9. AGE (in years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer		10B. KIND OF BUSINESS OR INDUSTRY Arundel Corporation	11. BIRTHPLACE (State or foreign country) Wilmington Del		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Louis E. Jones			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Margaret M. Jones 3713 Mohawk Ave		

MEDICAL CERTIFICATION

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		CAUSE OF DEATH Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH 1/2 hr
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Regenerative Cardio Vasc		(A) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO Arteriosclerosis	
		(C)	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 19 49 to April 27 , 19 53 , that I last saw the deceased alive on April 26 , 19 53 , and that death occurred at 3:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Harry H. Williams, M.D.		23B. ADDRESS 4509 Liberty Heights		23C. DATE SIGNED 4-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr 30 1953		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) (State) Woodlawn Md		25. FUNERAL DIRECTOR Harry H. Williams		ADDRESS 4204 Ridgewood Av	

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

James C. ...
...
...

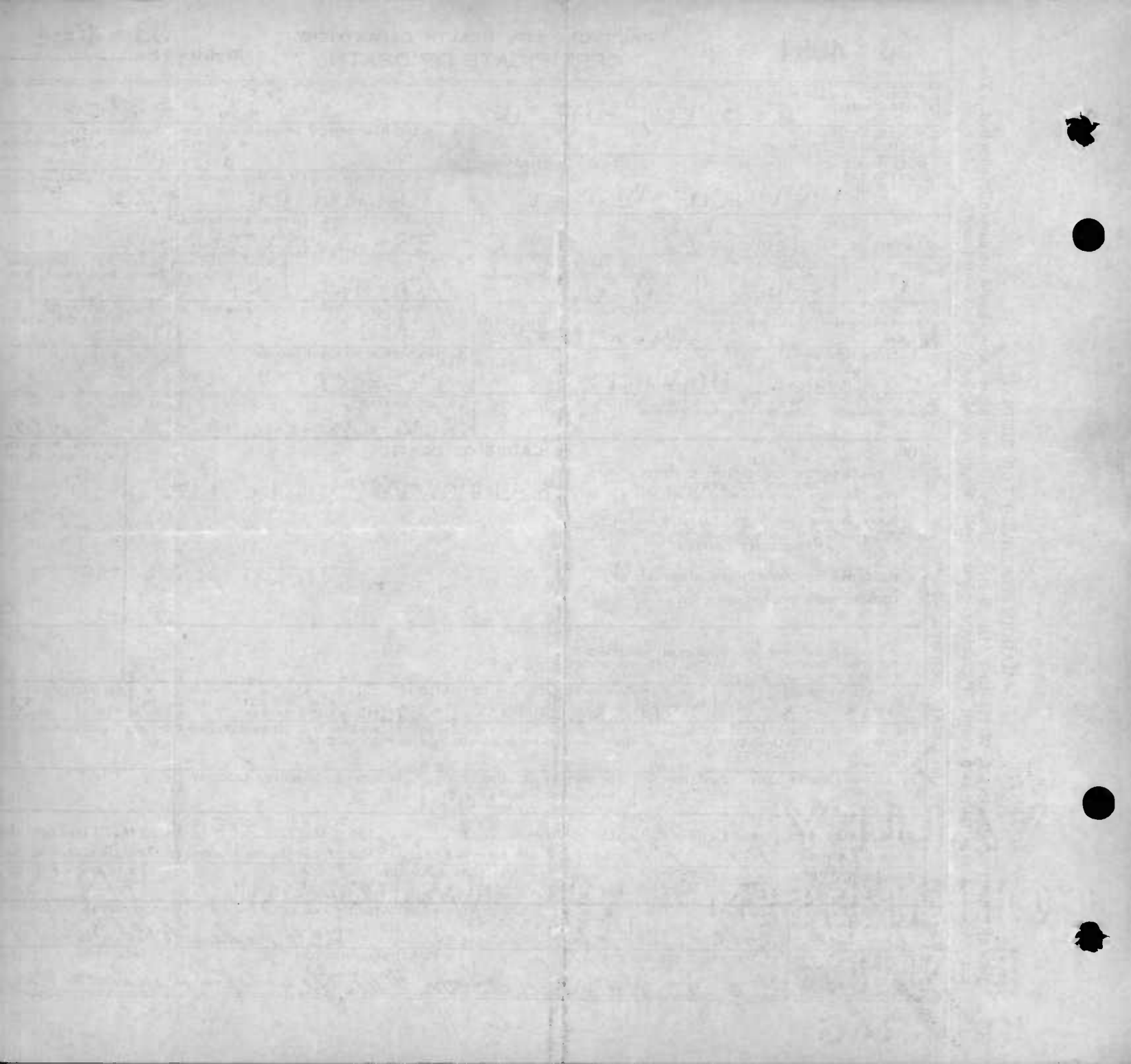
4-22-1919

11/11/1918

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4084 Registered No.			
1. NAME OF DECEASED (Type or Print) COLBURN, HATTIE								2. DATE OF DEATH 4/25/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland								4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTO			
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) 38 UNIVERSITY HOSPITAL								C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE #23			
c. Length of stay in Baltimore Yrs. Mos. Days								D. STREET ADDRESS (If rural, give location) 38 S FULTON AVE 19-04			
5. SEX F		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 2/20/72		9. AGE (In years last birthday) 81		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.				10B. KIND OF BUSINESS OR INDUSTRY Corn House				11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JAMES HARDASTY								14. MOTHER'S MAIDEN NAME REBECCA JONES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS John C. Korman, 1116 Poplar Grove St.			
18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Recurrent carcinoma of rectum DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								INTERVAL BETWEEN ONSET AND DEATH ?			
19A. DATE OF OPERATION 4/13/53				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED CARCINOMA OF RECTUM				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/2 1953 , to 4/25/53 , 19 53 , that I last saw the deceased alive on 4/25 , 19 53 , and that death occurred at 10:25 am. , from the causes and on the date stated above.											
23A. SIGNATURE G. B. Smith, J. M. D.								23B. ADDRESS Univ. Hosp. Balto		23C. DATE SIGNED 4/25/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 29/53		24C. NAME OF CEMETERY OR CREMATORY St. Olm.		24D. LOCATION (City, town, or county) (State) 2930 Frederick Rd. Balto. Md.					
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1953				REGISTRAR'S SIGNATURE H. J. Williams				25. FUNERAL DIRECTOR ADDRESS Harry F. Hinkle, 4101 Edmondson Ave.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

26-615 53 4085		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4085 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH	
VICTORIA (DORA) URBANOWSKI				April 26, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital D.O.A.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 60 yrs				D. STREET ADDRESS (If rural, give location) 715 S. Durham Street 2-03	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trimmer			9. AGE (In years last birthday) 69	11. BIRTHPLACE (State or foreign country) Poland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10B. KIND OF BUSINESS OR INDUSTRY Clothing			13. FATHER'S NAME Joseph Frankowski (M)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO. 216 01 3198		
17. INFORMANT Mr. Andrew Urbanowski, 715 S. Durham St.			ADDRESS		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Hemorrhage DUE TO (A) Hypertension (B) Cerebral (C) vascular disease Jan 1, 1948 INTERVAL BETWEEN ONSET AND DEATH 4 1/2 Y					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1948, to Apr 25, 1953, that I last saw the deceased alive on Apr 25, 1953, and that death occurred at 4:45 p. m., from the causes and on the date stated above.					
23A. SIGNATURE William J. Pearson, M.D.		23B. ADDRESS 801 Newwood Rd.		23C. DATE SIGNED 4/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/30/53		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, State) Baltimore, Maryland		25. FUNERAL DIRECTOR M.F. SADOWSKI & SONS, 1808 Eastern Avenue			
DATE RECEIVED BY LOCAL REGISTRAR APR 28 1953		REGISTRAR'S SIGNATURE Hurlington Williams, M.D.		VS 150 6904G Charles D. Sadowski	

GENERAL INFORMATION

DATE: 10/10/1971

TO: [illegible]

BY: [illegible]

DATE: [illegible]

TIME: [illegible]

PLACE: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

REASON: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4086
Registered No.

BIRTH NO. 53-07109

1. NAME OF DECEASED
(Type or Print)

BARBARA ELIZABETH

2. DATE OF DEATH April 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1920 Orleans Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

March 20, 1953

9. AGE (In years last birthday)

10. Under 1 Year
Months: Days: Hours: Min.
1 6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Roger Bowings

14. MOTHER'S MAIDEN NAME

Sadie Pierce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.
None

17. INFORMANT

ADDRESS

Roger Bowings 1920 Orleans St-31

18. 525X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Interstitial Pneumonia

DUE TO

ANTECEDENT CAUSES

(D)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

D.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William H. Bowings

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

4-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

Apr. 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

Johnsville Cemetery

24D. LOCATION (City, town, or county)

Liberty, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

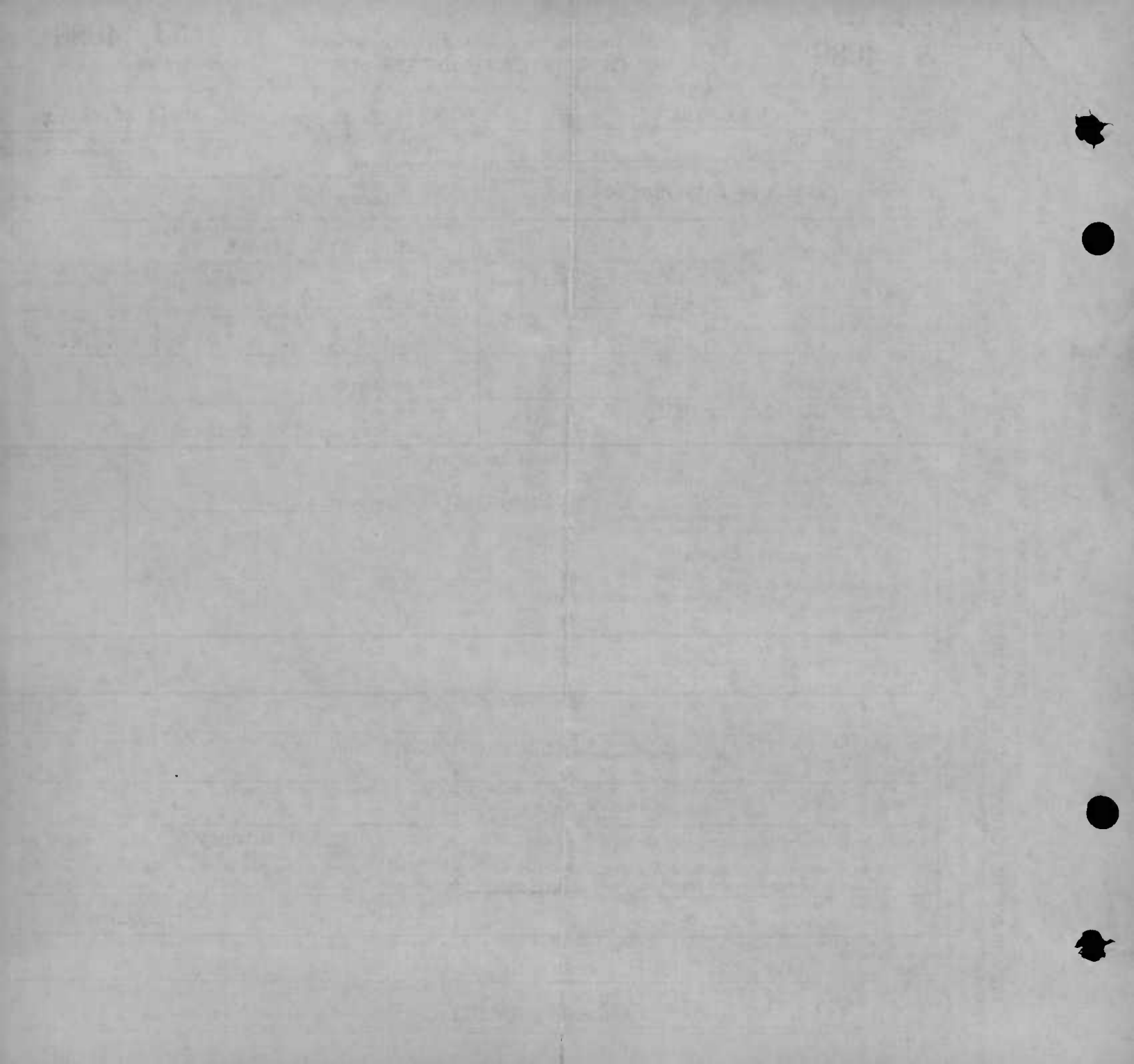
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.



53 4087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4087
Registered No.

BIRTH NO.

1. NAME OF DECEASED

*Robert Douglas Johnson*2. DATE
OF
DEATH

4-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-01

D. STREET ADDRESS (If rural, give location)

1202 Short Ct.

C. Length of stay in Baltimore

20 yrs

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-28-1905

9. AGE (In years
last birthday)

47

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Pasadena Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lincolny Johnson Md.

14. MOTHER'S MAIDEN NAME

Ella Richards Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lottie Opher 1202 Short Ct.

18. E812.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushed Chest

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Hanover St + 350 ft N. of Cherry St.

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

Found: 4/26/53, 3:15 PM.

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto.

22. I certify that I took charge of the remains described above, held at *Partial Autopsy* thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William A. Jackson

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

4-26-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-1-53

24C. NAME OF CEMETERY OR CREMATORY

Magothy Cem.

24D. LOCATION (City, town, or county)

A.A. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. A. Jackson

ADDRESS

916 Penn Ave.

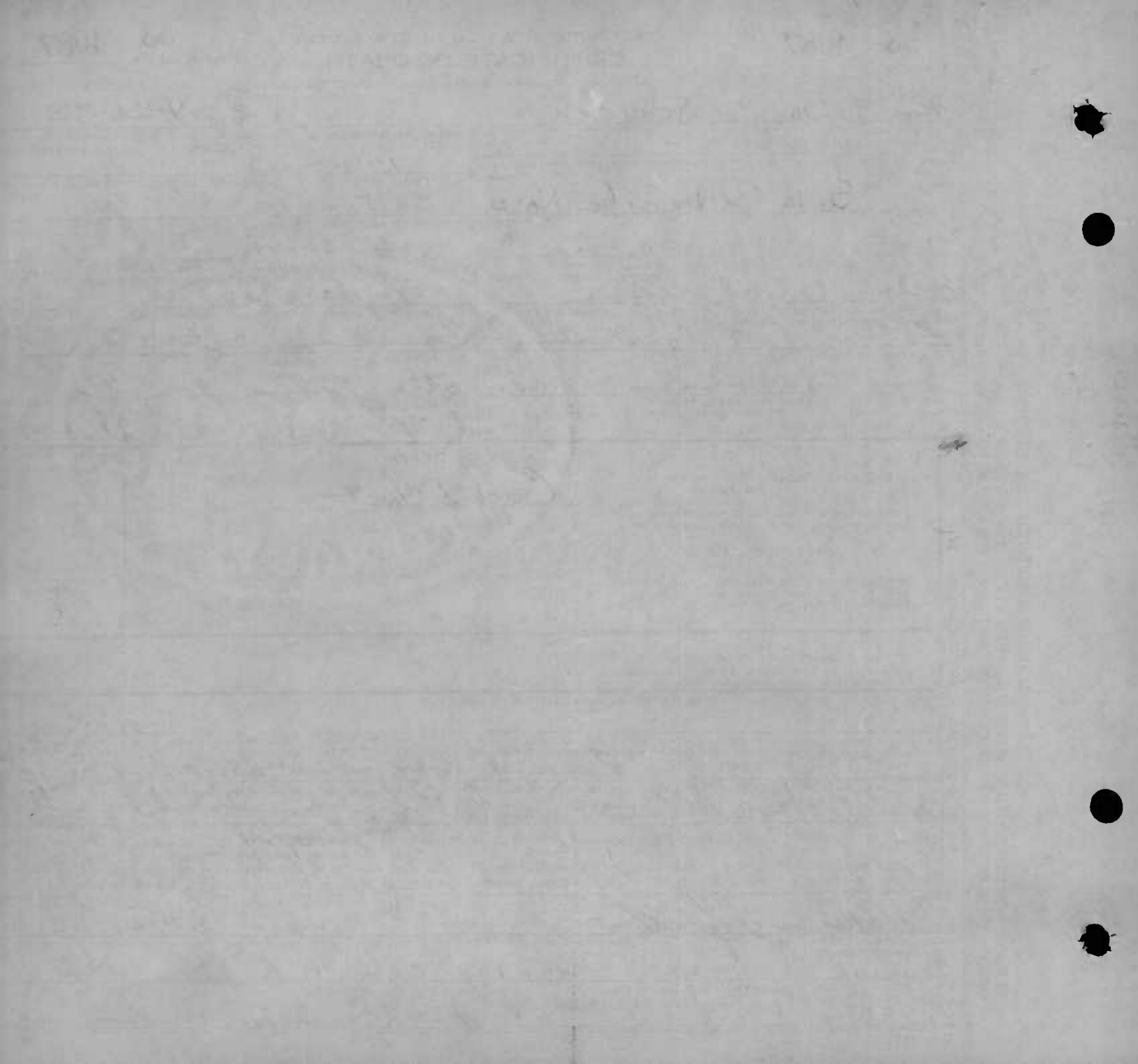
VS 151

N862.2

97024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 4088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4088
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR P. KAVE

2. DATE
OF
DEATH

27 APR 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

Yrs.

Mos.

Days

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5/27/00

9. AGE (in years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bus & Electric

10b. KIND OF BUSINESS OR
INDUSTRY

SR. CLERK.

11. BIRTHPLACE (State or foreign country)

Baltimore Co.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James C. Kane

14. MOTHER'S MAIDEN NAME

Frances Labino

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

unknown

16. SOCIAL
SECURITY NO.

212 057 005

17. INFORMANT

Hospital records

ADDRESS

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

8 1/2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

none

21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT

NOT WHILE

m. WORK ☐AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:30 AM 4/27/53 to 7:15 PM 4/27/53 that I last saw the deceased alive on April 27, 1953 and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE

R. M. Miller

M. D.

23b. ADDRESS

Mercy Hosp, Balt.

23c. DATE SIGNED

April 27, 53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

May 1-53

24c. NAME OF CEMETERY OR CREMATORY

St Stephens Cem.

24d. LOCATION (City, town, or county)

Bradshaw Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Rippee Bros 7110 Belair Rd.

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4089
Registered No.

53 4089

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

305 N. Calhoun St.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 1, 1888

9. AGE (In years last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work, considering most of working life, even if retired)

Cutter

10B. KIND OF BUSINESS OR INDUSTRY

Pub. family

11. BIRTHPLACE (State or foreign country)

Bald. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

J. M.

14. MOTHER'S MAIDEN NAME

Lucie Ringgold

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown)

Yes

16. SOCIAL SECURITY NO.

2-28-1919

17. INFORMANT

Mrs. Betty Watkins

305 N. Calhoun St.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Gastric carcinoma 4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1953, to Dec 26, 1953, that I last saw the deceased alive on Dec 25, 1953, and that death occurred at 7 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Watts

M.O.

23B. ADDRESS

515 N. Calhoun St.

23C. DATE SIGNED

4/27/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

Bald. Nat'l Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1631 David Hill Ave

ADDRESS

1631 David Hill Ave

1003

82

STATE OF NEW YORK

CERTIFICATE OF DEATH

1900

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Education		Place of Birth		Date of Birth		Date of Death		Place of Death		Cause of Death		Time of Death		Signature of Physician		Signature of Registrar		Signature of Witness	
John Doe		45		Male		White		White		Roman Catholic		Married		Farmer		High School		New York		Jan 1, 1900		Jan 1, 1900		New York		Heart Disease		10:00 AM		John Doe		John Doe		John Doe	

CAUSE OF DEATH

Immediate Cause		Intermediate Cause		Underlying Cause		Contributing Cause		Other Cause		Other Cause		Other Cause		Other Cause		Other Cause		Other Cause		Other Cause		Other Cause		Other Cause		Other Cause		Other Cause		Other Cause		Other Cause		Other Cause	
Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease		Heart Disease	

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Education		Place of Birth		Date of Birth		Date of Death		Place of Death		Cause of Death		Time of Death		Signature of Physician		Signature of Registrar		Signature of Witness	
John Doe		45		Male		White		White		Roman Catholic		Married		Farmer		High School		New York		Jan 1, 1900		Jan 1, 1900		New York		Heart Disease		10:00 AM		John Doe		John Doe		John Doe	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4090
Registered No.

53 4090
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Stanley Wilmer Peddicord</u>			2. DATE OF DEATH <u>4-27-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write Rural and give township) <u>Baltimore</u> <u>13-05</u>		
C. Length of stay in Baltimore <u>25</u>			D. STREET ADDRESS (If rural, give location) <u>3029 Keswick Rd #11</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 10, 1928</u>	9. AGE (In years last birthday) <u>25</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Thomas C. Peddicord</u>			14. MOTHER'S MAIDEN NAME <u>Bessie Gordon</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT ADDRESS <u>Thomas C. Peddicord 3029 Keswick Rd</u>		

18. <u>539.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) <u>Pneumonia, bilat</u>		
	(B) <u>Abscesses, rt. lung</u>		
	(C) <u>Tracheo-esophageal fistula</u> <u>7 wks.</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>4-1-53</u>	19B. MAJOR FINDINGS OF OPERATION <u>Tracheo-esophageal fistula</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>March 26</u> , 19 <u>53</u> , to <u>April 27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>April 27</u> , 19 <u>53</u> , and that death occurred at <u>11:30</u> A. M., from the causes and on the date stated above.		
23A. SIGNATURE <u>Alfred H. Ossman, Jr.</u>	23B. ADDRESS <u>2800 E. Chase St Balto 15</u>	23C. DATE SIGNED <u>4-27-53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>4/30/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Meadowridge</u>
24D. LOCATION (City, town, or county) <u>Elkridge Md.</u>		(State) _____
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 28 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Paul E. Schenck 3615-17 Chestnut Ave.</u>

001 06

THE UNIVERSITY OF CHICAGO
LIBRARY

001 06



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-155
53 4091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4091

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PAUL EUGENE KAUFFMAN			2. DATE OF DEATH April 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pa. B. COUNTY V-35		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 1st street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waynesboro		
D. STREET ADDRESS (If rural, give location) 312 W. Third street			E. LENGTH OF STAY IN BALTIMORE ?		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/9/25	9. AGE (In years, last birthday) 27	10. UNDER 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Chester Kauffman			14. MOTHER'S MAIDEN NAME Naomi Bowling		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WW 2 - USA	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 201X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intestinal perforation, peritonitis, septicemia and acute vegetative endocarditis.		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Hodgkin's disease		8 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Feb. 17, 1953		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 17, 1953 , to Apr. 28, 1953 , that I last saw the deceased alive on Apr. 28, 1953 , and that death occurred at 4:10 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 4/28/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 4/28/53		24C. NAME OF CEMETERY OR CREMATORY Greenhill Cem.	
24D. LOCATION (City, town, or county) (State) Waynesboro, Pa.		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24F. FUNERAL DIRECTOR ADDRESS 21 Wm. J. Tilsner & Sons, Balto 17, Md.	

1001

FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
CERTIFICATE OF DEATH

1001

1. NAME OF DECEASED JAMES EARL RAY		2. DATE OF DEATH MAY 14, 1968	
3. PLACE OF DEATH MEMPHIS, TENNESSEE		4. COUNTY SHELBY	
5. CITY MEMPHIS		6. STATE TENNESSEE	
7. ZIP CODE 38102		8. MARITAL STATUS MARRIED	
9. OCCUPATION ATTORNEY		10. CAUSE OF DEATH HEART DISEASE	
11. MANNER OF DEATH NATURAL		12. SIGNATURE OF DECEASED JAMES EARL RAY	
13. SIGNATURE OF WITNESS JAMES EARL RAY		14. SIGNATURE OF PHYSICIAN JAMES EARL RAY	
15. SIGNATURE OF CLERK JAMES EARL RAY		16. SIGNATURE OF JURY JAMES EARL RAY	
17. SIGNATURE OF JUDGE JAMES EARL RAY		18. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY	
19. SIGNATURE OF PROSECUTOR JAMES EARL RAY		20. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY	
21. SIGNATURE OF JURY JAMES EARL RAY		22. SIGNATURE OF JUDGE JAMES EARL RAY	
23. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY		24. SIGNATURE OF PROSECUTOR JAMES EARL RAY	
25. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY		26. SIGNATURE OF JURY JAMES EARL RAY	
27. SIGNATURE OF JUDGE JAMES EARL RAY		28. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY	
29. SIGNATURE OF PROSECUTOR JAMES EARL RAY		30. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY	
31. SIGNATURE OF JURY JAMES EARL RAY		32. SIGNATURE OF JUDGE JAMES EARL RAY	
33. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY		34. SIGNATURE OF PROSECUTOR JAMES EARL RAY	
35. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY		36. SIGNATURE OF JURY JAMES EARL RAY	
37. SIGNATURE OF JUDGE JAMES EARL RAY		38. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY	
39. SIGNATURE OF PROSECUTOR JAMES EARL RAY		40. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY	
41. SIGNATURE OF JURY JAMES EARL RAY		42. SIGNATURE OF JUDGE JAMES EARL RAY	
43. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY		44. SIGNATURE OF PROSECUTOR JAMES EARL RAY	
45. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY		46. SIGNATURE OF JURY JAMES EARL RAY	
47. SIGNATURE OF JUDGE JAMES EARL RAY		48. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY	
49. SIGNATURE OF PROSECUTOR JAMES EARL RAY		50. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY	
51. SIGNATURE OF JURY JAMES EARL RAY		52. SIGNATURE OF JUDGE JAMES EARL RAY	
53. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY		54. SIGNATURE OF PROSECUTOR JAMES EARL RAY	
55. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY		56. SIGNATURE OF JURY JAMES EARL RAY	
57. SIGNATURE OF JUDGE JAMES EARL RAY		58. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY	
59. SIGNATURE OF PROSECUTOR JAMES EARL RAY		60. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY	
61. SIGNATURE OF JURY JAMES EARL RAY		62. SIGNATURE OF JUDGE JAMES EARL RAY	
63. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY		64. SIGNATURE OF PROSECUTOR JAMES EARL RAY	
65. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY		66. SIGNATURE OF JURY JAMES EARL RAY	
67. SIGNATURE OF JUDGE JAMES EARL RAY		68. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY	
69. SIGNATURE OF PROSECUTOR JAMES EARL RAY		70. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY	
71. SIGNATURE OF JURY JAMES EARL RAY		72. SIGNATURE OF JUDGE JAMES EARL RAY	
73. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY		74. SIGNATURE OF PROSECUTOR JAMES EARL RAY	
75. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY		76. SIGNATURE OF JURY JAMES EARL RAY	
77. SIGNATURE OF JUDGE JAMES EARL RAY		78. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY	
79. SIGNATURE OF PROSECUTOR JAMES EARL RAY		80. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY	
81. SIGNATURE OF JURY JAMES EARL RAY		82. SIGNATURE OF JUDGE JAMES EARL RAY	
83. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY		84. SIGNATURE OF PROSECUTOR JAMES EARL RAY	
85. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY		86. SIGNATURE OF JURY JAMES EARL RAY	
87. SIGNATURE OF JUDGE JAMES EARL RAY		88. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY	
89. SIGNATURE OF PROSECUTOR JAMES EARL RAY		90. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY	
91. SIGNATURE OF JURY JAMES EARL RAY		92. SIGNATURE OF JUDGE JAMES EARL RAY	
93. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY		94. SIGNATURE OF PROSECUTOR JAMES EARL RAY	
95. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY		96. SIGNATURE OF JURY JAMES EARL RAY	
97. SIGNATURE OF JUDGE JAMES EARL RAY		98. SIGNATURE OF DISTRICT ATTORNEY JAMES EARL RAY	
99. SIGNATURE OF PROSECUTOR JAMES EARL RAY		100. SIGNATURE OF DEFENSE ATTORNEY JAMES EARL RAY	

0-540
53 4092

CERTIFICATE CORRECTED 7-9-53

53 4092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALPHONSO MICHAEL O'NEIL

2. DATE
OF
DEATH

Apr. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE B. COUNTY

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)St. Paul & 31st St. -
Hopkins Apts.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

12-02

D. STREET ADDRESS (If rural, give location)

The Hopkins Apts.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 26, 1883

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Soft Drinks

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dennis O'Neil

14. MOTHER'S MAIDEN NAME

Ida Byrnes

15. WAS DECEASED EVER IN U. S. ARMY FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
218-09-0310A

17. INFORMANT

ADDRESS

Mrs. Barbara O'Neil - The Hopkins Apts.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Coronary Occlusion

4/26/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive C.V. Disease
Coronary Arteriosclerosis

years

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Sept. 1949 to 26 Apr. 1953, that I last saw the
deceased alive on 26 Apr. 1953, and that death occurred at 11:51 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph E. Muse, Jr. M.D.

5 West 29th St. (18)

28 Apr. '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/30/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltg., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

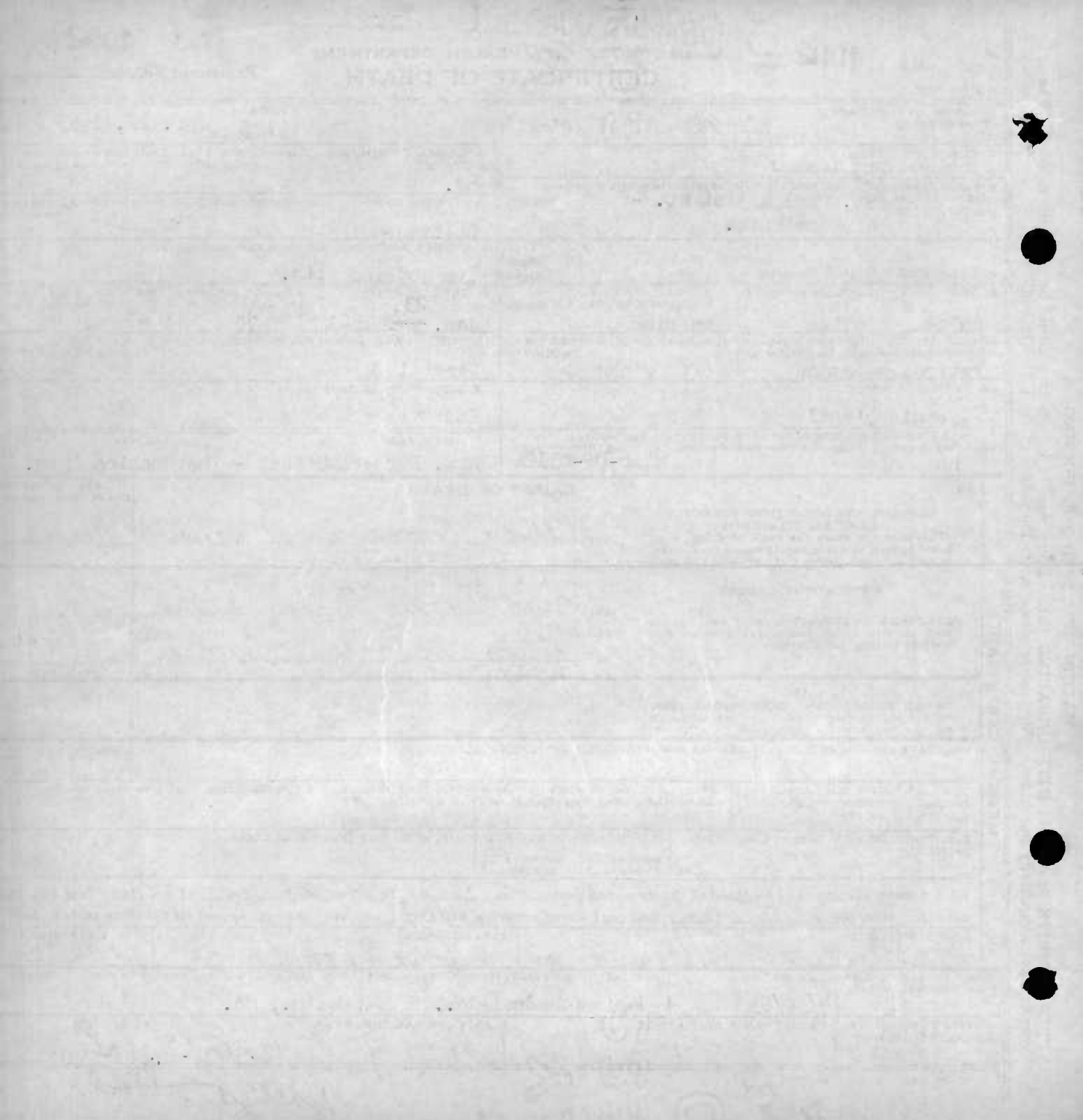
25. FUNERAL DIRECTOR

ADDRESS

APR 28 1953

Huntington Williams, M.D.

Wm. J. Vickener & Sons



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly. The

L

5-600		BALTIMORE CITY HEALTH DEPARTMENT		53 4093	
53 4093		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		HERBERT O. SAUER		2. DATE OF DEATH April 27, 1953	
1. NAME OF DECEASED (Type or Print)		3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN Baltimore		B. COUNTY 28-04	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 519 Nottingham Road		5. SEX Male	
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 15, 1887	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Draftsman		10B. KIND OF BUSINESS OR INDUSTRY Gas & Elec. Co.		9. AGE (in years last birthday) 65	
13. FATHER'S NAME Hugo Sauer		14. MOTHER'S MAIDEN NAME Leah Schmolidg Sauer		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 212-05-6669		12. CITIZEN OF WHAT COUNTRY?	
18. 420.1		CAUSE OF DEATH		17. INFORMANT Mrs. A. Elizabeth Sauer-519 Nottingham Rd.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) Coronary Occlusion			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Myocardial Infarct			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(D) Aneurysm of Myocardium			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES [X] NO []	
21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [], suicide [], homicide [], undetermined [].		23A. SIGNATURE William J. Pickens		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/30/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. DATE RECEIVED BY LOCAL REGISTRAR		24E. REGISTRAR'S SIGNATURE		24F. LOCATION (City, town, or county) Balto., Md.	
25. FUNERAL DIRECTOR		25. FUNERAL DIRECTOR		25. FUNERAL DIRECTOR	
VS 151		035 5E		26. ADDRESS 26m. J. Pickens & Sons Balto. 17, Md.	

John P. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-3 00
53 4094BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4094
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARROLL R. METTEE

2. DATE
OF
DEATH

Apr. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location
INSTITUTION

4824 Roland Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-14

D. STREET ADDRESS (If rural, give location)

4824 Roland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 14, 1883

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chief Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Martin R. Mettee

14. MOTHER'S MAIDEN NAME

Ritta Browmley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. F. Mettee - 4824 Roland Ave.

18. 420.0 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) ...
DUE TO
(B) ...
DUE TO
(C) ...Coronary Thrombosis
Posterior inferior Cerebellar
artery Thrombosis
Hypertensive Arteriosclerosis heart diseaseINTERVAL BETWEEN
ONSET AND DEATHsecond
7 months
yearsII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1953 to April 27, 1953, that I last saw the
deceased alive on April 25, 1953, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Francis

M. O.

23B. ADDRESS

3025 Adair Road

23C. DATE SIGNED

4-28-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/29/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Fisher & Sons

Balto 17, Md.

VS T50

533 50

1904-1905

THE UNIVERSITY OF CHICAGO

1904

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STUDY OF THE HISTORY OF THE

UNIVERSITY OF CHICAGO

1904

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. **53 4095**

1. NAME OF DECEASED
 (Type or Print)

VIRGINIA LEE JORDAN

2. DATE OF DEATH **April 28, 1953**
MAR. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE **MARYLAND** B. COUNTY **Harford**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ROCK WHITE HALL

D. STREET ADDRESS (If rural, give location)
6200

c. Length of stay in Baltimore

Yrs.
 Mos.
 Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

JAN. 11, 1930

9. AGE (In years last birthday)

23

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN SCROWI

14. MOTHER'S MAIDEN NAME

MINNIE ALMONY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Thomas Kyle Jordan

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

18. **E954.7 and 688.3**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **asphyxia due to aspiration of stomach content**
 DUE TO **anesthesia for delivery**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Pregnancy - at term**

CERTIFICATION APPROVED BY

R. F. Fisher

M. D.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES ☒ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Union Memorial Hospital

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

April 28, 53

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

vomited while under anesthesia

22. I hereby certify that I attended the deceased from **11 P.M.** 19**53**, to **April 28**, 19**53**, that I last saw the deceased alive on **April 28**, 19**53**, and that death occurred at **12:05 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

R. F. Fisher

M. D.

23B. ADDRESS

2843 St. Paul St.

23C. DATE SIGNED

4/29/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/1/53

24C. NAME OF CEMETERY OR CREMATORY

Bethel

24D. LOCATION (City, town, or county) (State)

Madonna Harford Md

DATE RECEIVED BY LOCAL REGISTRAR

APR 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles E. Futz Jarrettsville Md

ADDRESS

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See "INVESTIGATION OF MATERNAL DEATH"
BCHD, Bu of Child Hygiene, Div. of Maternity Hygiene

53 4096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4096
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie C. Bremont

2. DATE
OF
DEATH

4-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1315 North Washington St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-07

D. STREET ADDRESS. (If rural, give location)

1315 North Washington St.

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 30, 1871

9. AGE (In years
last birthday)

81

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George E. Young

14. MOTHER'S MAIDEN NAME

Sarah Applegate

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mildred C. Neuberger - 1315 N. Washington St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Aneurysm occlusion

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized arteriosclerosis

10

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Paget's Disease

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1953 to 4/26, 1953 that I last saw the
deceased alive on 4/26, 1953, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Conrad R. Rutter

23B. ADDRESS

3128 Harford Rd

23C. DATE SIGNED

4/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-29-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Am.

24D. LOCATION (City, town, or county)

North Ave.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 24 1953

Huntington Williams, M.D.

John C. Miller Inc. - 2431 E. Oliver St.

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH
CERTIFICATE CORRECTED

DAMERON
BALTIMORE CITY HEALTH DEPARTMENT

53 4097
BIRTH NO. 53 4097

Registered No. 53 4097

DATE OF DEATH April 28 1953

1. NAME OF DECEASED (Type or Print) *Atwell Dameron*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Osle 6*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)
A. STATE *md.* B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-03

D. STREET ADDRESS (If rural, give location)
2316 E. Madison St.

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX *male* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single*

8. DATE OF BIRTH *3-28-1922* 9. AGE (In years last birthday) *31* 10. Under 1 Year Months: Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Electrical* 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) *Northumberland Co. Va.* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Sewell Dameron.* 14. MOTHER'S MAIDEN NAME *Mary Davis.*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. *Yes. 226-20-8740*

17. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS

18. *260X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH
(A) *Inter-capillary slow-1 yr.*
DUE TO *Arteriosclerosis*
(B) *Diabetes Mellitus 15 yrs.*
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-18*, 19*53* to *4-28*, 19*53* that I last saw the deceased alive on *4-28*, 19*53* and that death occurred at *6:55 A.M.*, from the causes and on the date stated above

23A. SIGNATURE *David L. Lewis* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *4-28-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *4-30-53* 24C. NAME OF CEMETERY OR CREMATORY *Mile Church M.E.* 24D. LOCATION (City, town, or county) (State) *Mile Va.*

DATE RECEIVED BY LOCAL REGISTRAR *APR 28 1953* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *William Cook Inc.* ADDRESS *1217 St. Paul St.*

VS 150

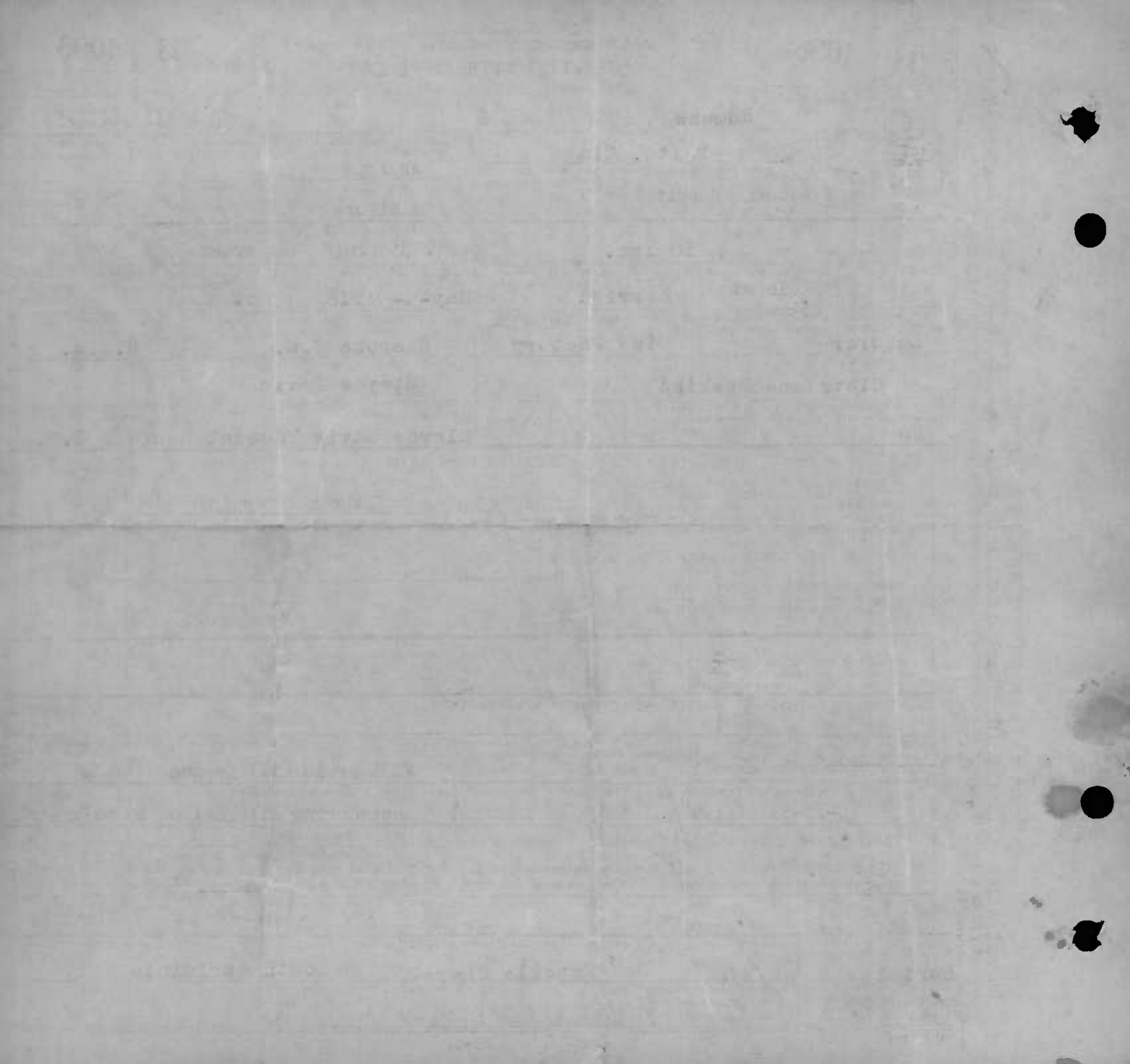
51524

1951
CENTRAL COASTED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4098		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4098 Registered No.	
BIRTH NO.		Romane		DAWKINS	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		April 26, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		Baltimore	
Provident Hospital		D. STREET ADDRESS (If rural, give location)		2235 Druid Hill Avenue	
c. Length of stay in Baltimore 10 Yrs.		8. DATE OF BIRTH		May-2- 1918	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years, last birthday)	34	
Male	Colored	Married	11. BIRTHPLACE (State or foreign country)		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
Laborer		Tire Factory		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		Eleyce Davis	
Cleveland Dawkins		17. INFORMANT		ADDRESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		Eleyce Davis Pacolet Route 1 S.C.	
No		18. E981X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) Gunshot wound of the abdomen involving		INTERVAL BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		xxxxxx abdominal aorta with massive hemorrhage			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		home		2235 Druid Hill Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
4-26-53 11:05 A.m.		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		shot during altercation by wife	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23C. DATE SIGNED	
William V. Smith		M.D. ASSISTANT MEDICAL EXAMINER		4-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		5/3/53		Knuckle Chapel	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
26. REGISTRAR		Huntington Williams, M.D.		26. ADDRESS	
VS 151		N8684		9703D	
				Chryso. Wilroy 1000 Brandy rd	



362
53 4099

PIETRZAK BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

53 4099

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Stanislaw Pietrzak

2. DATE
OF
DEATH

April 27, 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1465 Towson St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS



18. 002 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bilateral Pulmonary Be

INTERVAL BETWEEN
ONSET AND DEATH

Several
years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953, to 4/24, 1953, that I last saw the
deceased alive on 4/24, 1953, and that death occurred at 4/27/53, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNDAL DIRECTOR

ADDRESS

APR 29 1953

Huntington Williams Medical W. Ozajewski

VS 150

94055 1990 & actinides

CERTIFICATE OF DEATH

RETURNED TO THE DEPARTMENT OF HEALTH

1900

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53 4100

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4100

1. NAME OF DECEASED (Type or Print) MR. ELBERT A. SHIPLEY				2. DATE OF DEATH 4-27-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 52 Years				D. STREET ADDRESS (If rural, give location) 232 S. Loudon Ave. #29	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-22 1900	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY B.O. R. Co.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Louis Shipley			14. MOTHER'S MAIDEN NAME Mary Theresa Hopkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 705-05-5440		17. INFORMANT JAMES C. Shipley ADDRESS 2312 CALVERTON HYS AVE	
18. 415X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ante myocardial Infarction CAUSE OF DEATH (A) Ante myocardial Infarction DUE TO (B) Coron. Artery occlusion DUE TO (C) Rheumatic Carditis INTERVAL BETWEEN ONSET AND DEATH				II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-21 , 19 53 to 4-27 , 19 53 that I last saw the deceased alive on 4-27 , 19 53 and that death occurred at 9:20 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Harry R. Krupp			23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 4-27-53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 4-30-1953	24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL		24D. LOCATION (City, town, or county) (State) BALTO MD	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953	REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. P. C. & B. M. Walters 39050 PRATT & STRICKER STS		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4101

BIRTH NO. 53 4101 53-09626

1. NAME OF DECEASED (Type or Print) Baby Boy CAVALIEROS			2. DATE OF DEATH 4/26/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 2-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 38 Univ. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1720 TH BALTIMORE		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1720 THAMES ST.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4/23/53		9. AGE (In years last birthday) 3 If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME SPYROS CAVALIEROS			14. MOTHER'S MAIDEN NAME Helen Tsirigiotis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS father Same.		

18. **776x I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
PREMATURITY
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4/24**, 19**53**, to **4/26**, 19**53**, that I last saw the deceased alive on **4/26**, 19**53**, and that death occurred at **2:00** p. m., from the causes and on the date stated above.

23A. SIGNATURE **Michael J. Foley** M. D. 23B. ADDRESS **Univ. Hosp.** 23C. DATE SIGNED **4/27/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-29-53	24C. NAME OF CEMETERY OR CREMATORY Greek Cemetery	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Lambros Inc. 440 E North Ave.	

3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4102

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)SLUNT FRANK J.2. DATE
OF
DEATH4/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

SINAI Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-01

D. STREET ADDRESS (If rural, give location)

2822 Kentucky Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

10-29-78

9. AGE (in years

last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

R.R.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George SLUNT

14. MOTHER'S MAIDEN NAME

Caroline ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

717-07-8448

17. INFORMANT

ADDRESS 3221Mr. Joseph A. Slunt Clifton18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral thrombosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

☐

NOT WHILE AT WORK

☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26th, 1953 to April 28th, 1953 that I last saw the deceased alive on April 28, 1953 and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Rankowsky

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-2-53

24C. NAME OF CEMETERY OR CREMATORY

OAKLAWN Cem.

24D. LOCATION (City, town, or county)

BALTO. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

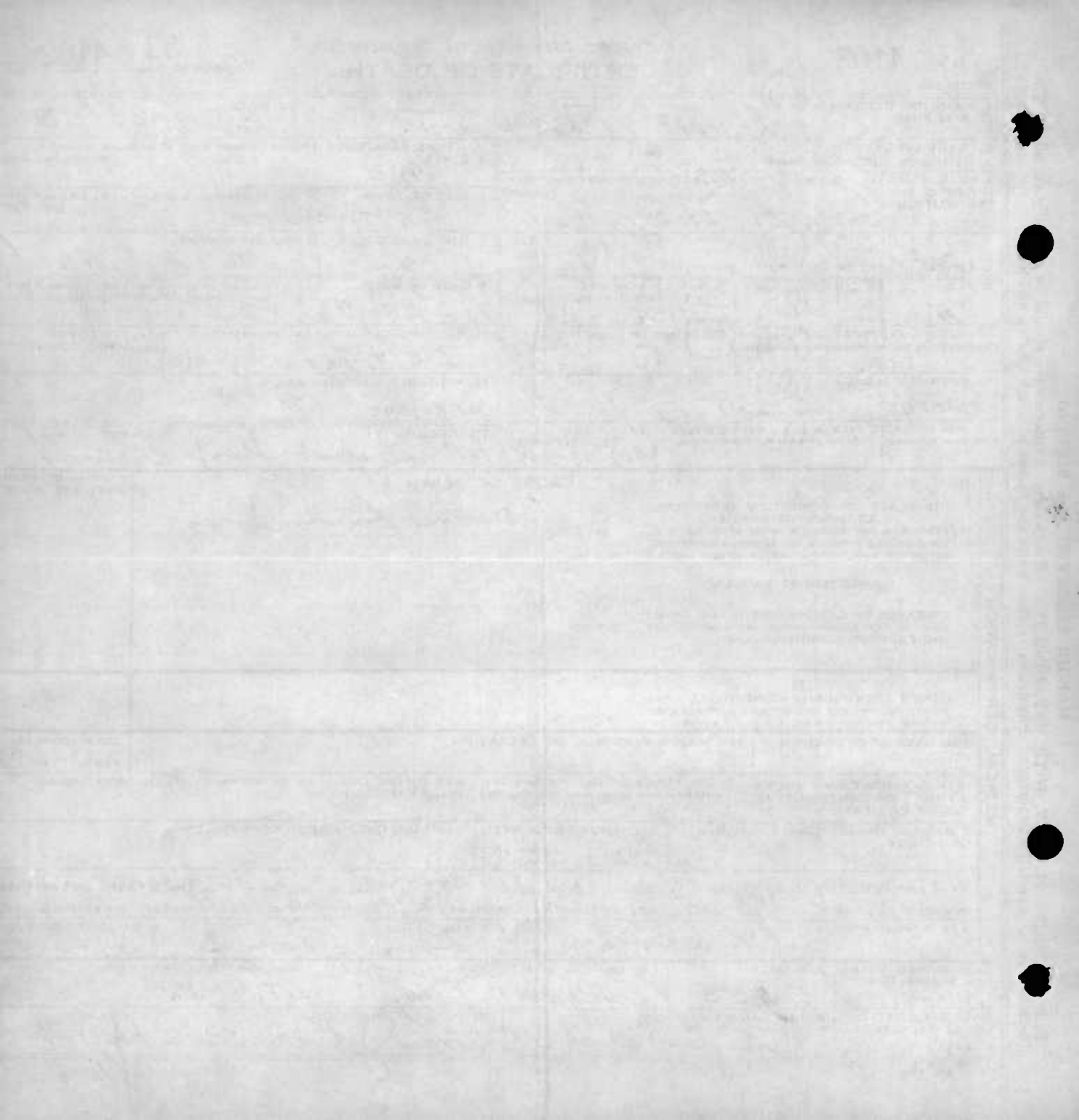
25. FUNERAL DIRECTOR

ADDRESS

Luck 5305 HarfordAPR 29 1953

VS 150

69050



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4103**

BIRTH NO. **53 4103**

1. NAME OF DECEASED (Type or Print) Goldsborough, Robert Wilson		2. DATE OF DEATH April 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5415 Wasena Avenue #25	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/5/1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Balto Transit	9. AGE (In years last birth) (day) 76 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Jeanner Brown		ADDRESS Same	
18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident DUE TO ANTECEDENT CAUSES Generalized arteriosclerosis DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 13 , 19 53 , to April 28 , 19 53 , that I last saw the deceased alive on April 28 , 19 53 , and that death occurred at 7:40 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Carlo Formel		23B. ADDRESS 1400 N. Caroline Street	
23C. DATE SIGNED April 28, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/30/53	
24C. NAME OF CEMETERY OR CREMATORY Cathedral		24D. LOCATION (City, town, or county) (State) San Frederick Rt	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR 1218 Light St.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4104

Registered No.

53 4104

1. NAME OF DECEASED (Type or Print) MARTHA JORDAN			2. DATE OF DEATH April 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 14-03		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 537 Mission Ct.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 10/25/25	9. AGE (in years last birthday) 27	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Samuel Jordon			12. CITIZEN OF WHAT COUNTRY? USA		
14. MOTHER'S MAIDEN NAME Mary Newman			17. INFORMANT ADDRESS Mary Buchanan 537 Mission Ct.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. none		

18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty infiltration of liver DUE TO Acute alcoholism	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B)	DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)	DUE TO	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Apr. 28, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/30/53	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.	

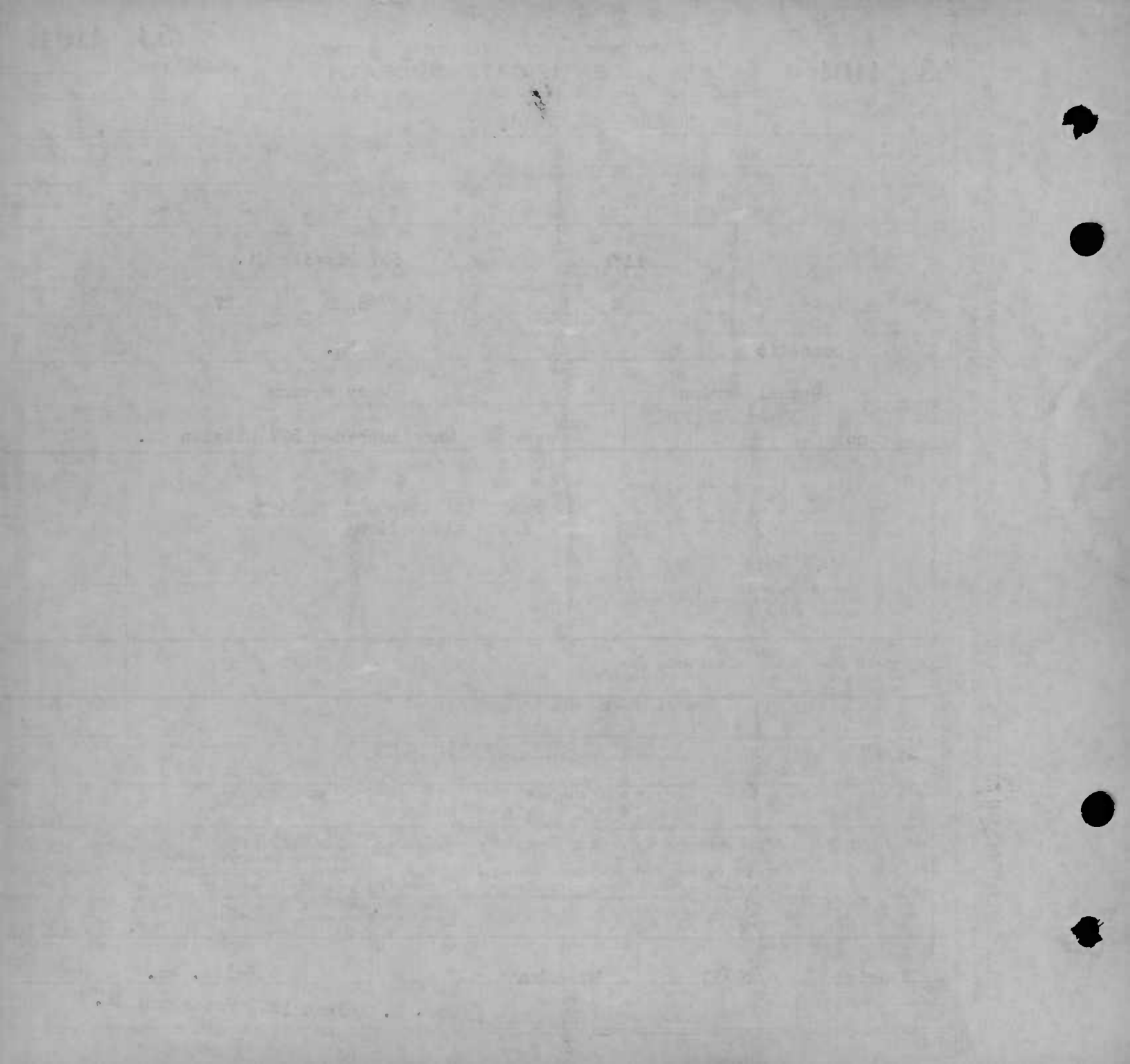
VS 151

72084

Geo. G. Kelson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DUFFIE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 4105
 Registered No.

 53 4105
 BIRTH NO.

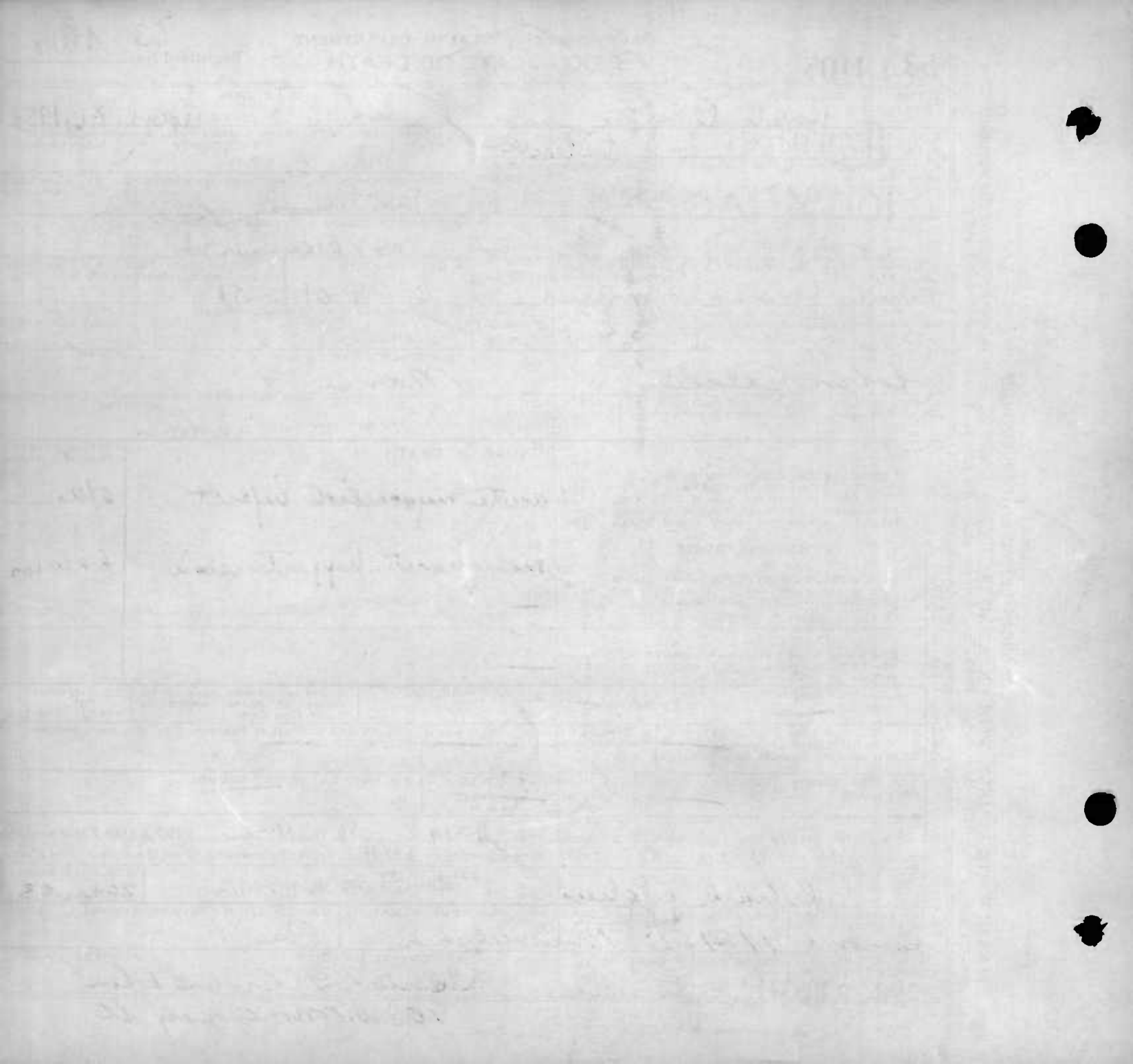
1. NAME OF DECEASED (Type or Print) Roxie Duffie			2. DATE OF DEATH April 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Osler 4			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-32		
c. Length of stay in Baltimore 8 1/2			D. STREET ADDRESS (If rural, give location) 3043 Ascension St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-24-01	9. AGE (In years last birthday) 51	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) missionary			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME John Balew			12. CITIZEN OF WHAT COUNTRY?		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Nannie ?		
15. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) acute myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. malignant hypertension		6 weeks
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4-19-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-19-53**, to **4-26-53**, that I last saw the deceased alive on **4-26-53**, and that death occurred at **1:25 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Richard J. Johns	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 26 Apr 53
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 4/29/53	24C. NAME OF CEMETERY OR CREMATORY Philadelphia
24D. LOCATION (City, town, or county) Pa	25. FUNERAL DIRECTOR Isaiah L Brown & Son	ADDRESS 108 W. Montgomery St.
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		
REGISTRAR'S SIGNATURE William W. Williams, M.D.		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4106

BIRTH NO. 53 4106

1. NAME OF DECEASED
(Type or Print)

Basil Duckett Hall

2. DATE
OF
DEATH

4/27/53 12:15 Pm.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3047 Belmont Ave

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/11/1874

9. AGE (In years
last birthday)

78

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

A. A. Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas W. Hall

14. MOTHER'S MAIDEN NAME

Violetta Duval

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alicia V. Hall 3047 Belmont Ave

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Edema
cardio vascular disease
Acute dilatative heart

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 da

1 year

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1953, to 4/27, 1953, that I last saw the
deceased alive on 4/27, 1953, and that death occurred at 12:15 m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. E. W. Horn

M. O.

23B. ADDRESS

1202 St Paul St

23C. DATE SIGNED

April 28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/30/53

24C. NAME OF CEMETERY OR CREMATORY

St. Stephens

24D. LOCATION (City, town, or county)

Millersville A. A. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

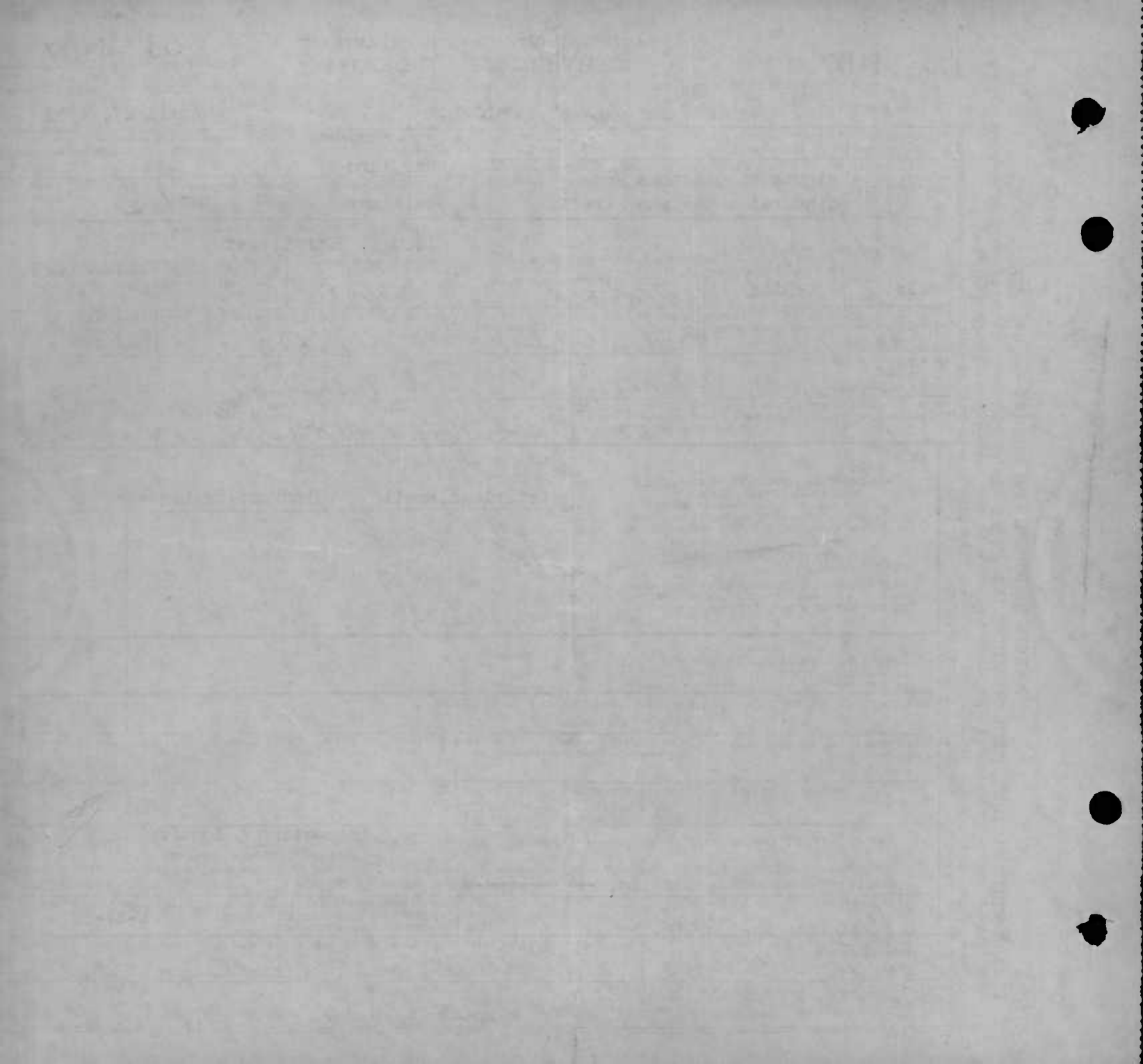
Cox Inc. 1217 St. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4107	
1. NAME OF DECEASED (Type or Print) JAMES Edward WHITNEY			2. DATE OF DEATH April 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Knights of Columbus Home Cathedral & Madison Streets			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-06		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1628 E. 30th Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/23/1883	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary			10B. KIND OF BUSINESS OR INDUSTRY Cosdan Oil Co.		
13. FATHER'S NAME Nancy J. Whitney			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. 052-12-1493		
17. INFORMANT Robt. L. Whitney, Great Neck, N.Y.			18. 422.1		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease			CAUSE OF DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) DUE TO		
(B) DUE TO			(C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William L. Board		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 4-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/30/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn Md		25. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc. 1217 St. Paul St.			
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		REGISTRAR'S SIGNATURE Huntington Williams			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4108****53 4108**
BIRTH NO.1. NAME OF DECEASED
(Type or Print)**GEORGE POTTS**2. DATE
OF
DEATH**APRIL 27, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **Lutheran Hospital of Maryland**4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE **MARYLAND** B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE, 25-05D. STREET ADDRESS (If rural, give location)
5800 PENNINGTON AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MARCH 17, 1889

9. AGE (In years last birthday)

64

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR INDUSTRY

ACCOMMODATION

11. BIRTHPLACE (State or foreign country)

FAIRFIELD, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

GEO. W.

14. MOTHER'S MAIDEN NAME

AMELIA SCHLHAM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Family - NAME18. **201X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

HODGKINS DISEASE**About 3yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

WITH MESENTERIC RETROPERITONEAL AXILLARY AND AORTIC NODES, AND INVOLVEMENT OF LIVER AND SPLEEN

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MARCH 9, 1953** to **APRIL 27, 1953** that I last saw the deceased alive on **April 27, 1953**, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

William D. Rossen M.D.

23B. ADDRESS

Lutheran Hospital of Maryland

23C. DATE SIGNED

April 27, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

4-30-53

24C. NAME OF CEMETERY OR CREMATORY

CECAL HILL

24D. LOCATION (City, town, or county)

BALTIMORE

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

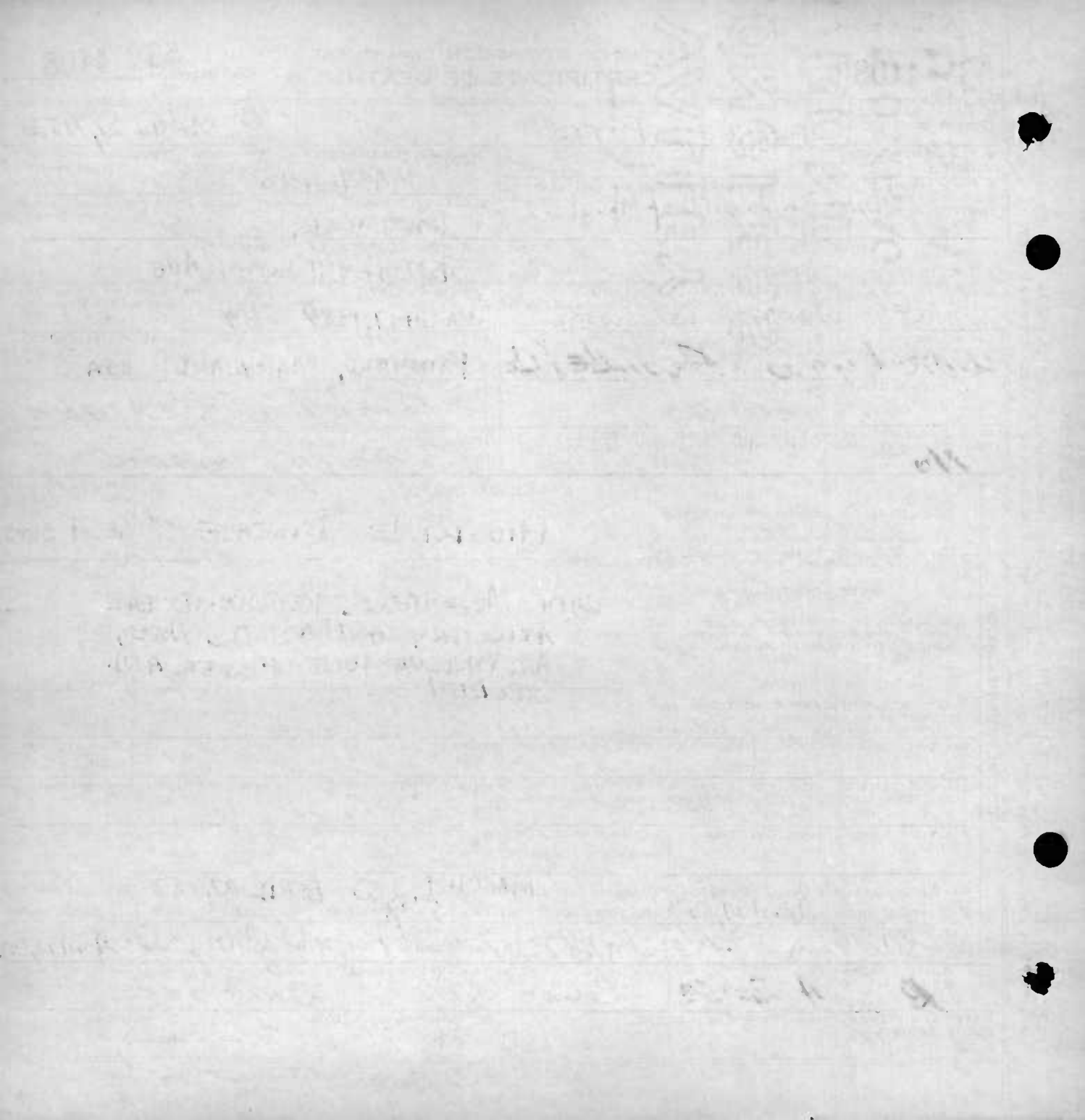
130 E. Front Ave.

VS 150

76324**130 E. Front Ave.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 4109

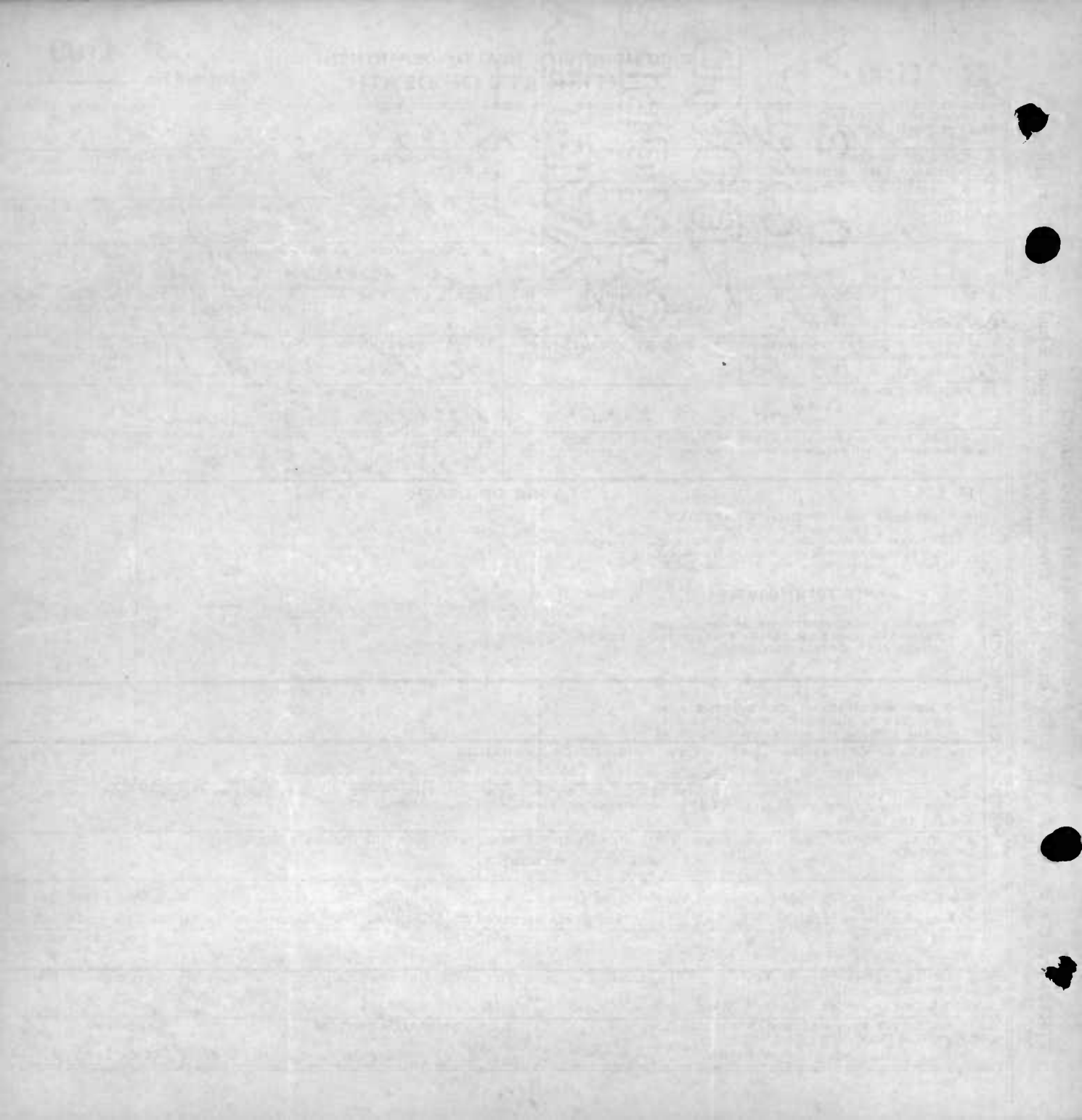
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4109

Registered No.

1. NAME OF DECEASED (Type or Print) MARGUERITE GOLDMAN			2. DATE OF DEATH 4-29-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 4203 Springdale Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) Cordova Apts 1705 W. Charles St		
6. SEX Female	7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (In years last birthday) 67		10. If Under 1 Year Months: Days: Hours: Min.
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretarial work		12. KIND OF BUSINESS OR INDUSTRY		13. BIRTHPLACE (State or foreign country) Baltimore Md	
14. FATHER'S NAME Harry Goldman			15. MOTHER'S MAIDEN NAME Mollie Goldman		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. SOCIAL SECURITY NO.		
18. 153X			19. INFORMANT Mrs Flehinger		
20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Failure			21. CAUSE OF DEATH (A) Coronary Failure (B) Coronary Lesion (C) Hypertension		
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			23. INTERVAL BETWEEN ONSET AND DEATH 2 days months		
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
25. DATE OF OPERATION			26. MAJOR FINDINGS OF OPERATION		
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			30. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
31. TIME (Month) (Day) (Year) (Hour) OF INJURY			32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
33. HOW DID INJURY OCCUR?			34. DATE SIGNED		
35. I hereby certify that I attended the deceased from Jan 4 1953 , to April 29 1953 , that I last saw the deceased alive on April 27 1953 , and that death occurred at 3:30 PM , from the causes and on the date stated above.			36. SIGNATURE Beulah C. Coker		
37. ADDRESS Maryborough apt 414/53			38. DATE		
39. NAME OF CEMETERY OR CREMATORY Hebrew Friendship			40. LOCATION (City, town, or county) (State) Balto Md		
41. BURIAL, CREMATION, REMOVAL (Specify) Burial			42. DATE 4-30-53		
43. DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953			44. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
45. FUNERAL DIRECTOR W. K. Lewis			46. ADDRESS 2100 Outland Pl		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4110
Registered No.53 4110
BIRTH NO.

1. NAME OF DECEASED (Type or Print) REV. WILLIAM LEWIS		2. DATE OF DEATH 4/27/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-47	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2827 WINDSOR AVE.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/25/87
9. AGE (In years, last birthday) 66		10. UNDER 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) ENGLAND
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10B. KIND OF BUSINESS OR INDUSTRY Methodist	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME EDMUND LEWIS (D)	
14. MOTHER'S MAIDEN NAME MARY JANE WATHEN (D)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no --	
16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS MABEL A. LEWIS (WIFE) SAME	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MYOCARDIAL INFARCTION DUE TO CORONARY THROMBOSIS DUE TO ARTERIO SCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4/20 , 19 53 to 4/27 , 19 53 , that I last saw the deceased alive on 4/27 , 19 53 , and that death occurred at 10 05 a.m., from the causes and on the date stated above.	
23A. SIGNATURE Walter W. Wenzel		23B. ADDRESS Union Memorial Hosp.	
23C. DATE SIGNED 4/27/53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 4/30/53		24C. NAME OF CEMETERY OR CREMATORY Western Cem	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Lickner & Sons	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	

VS 150

078FW

Balto. 17. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1944

UNIT OF THE NEW YORK STATE

CERTIFICATE OF DEATH

1944



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4111

53 4111

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Ryan, Joseph J., Jr.*2. DATE
OF
DEATH*4-28-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**15-10*

O. STREET ADDRESS (If rural, give location)

3817 Granada Ave[#] 7

C. Length of stay in Baltimore

*52*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*2-13-2001*9. AGE (in years
last birthday)*52*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*substation operator*10B. KIND OF BUSINESS OR
INDUSTRY*G. & E. Co*

11. BIRTHPLACE (State or foreign country)

*Baltimore Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph J. Ryan

14. MOTHER'S MAIDEN NAME

*Bridgett Donnelly*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*unknown*16. SOCIAL
SECURITY NO.
212-05-4119

17. INFORMANT

ADDRESS

*1744 E. W. Ryan.*18. *163X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic cardiovascular

DUE TO

(C)

disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 22*, 19*53*, to *April 27*, 19*53*, that I last saw the
deceased alive on *April 27*, 19*53*, and that death occurred at *1:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Liu

M. O.

23B. ADDRESS

1744 E. W. Ryan.

23C. DATE SIGNED

*April 28 '53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

5/1/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

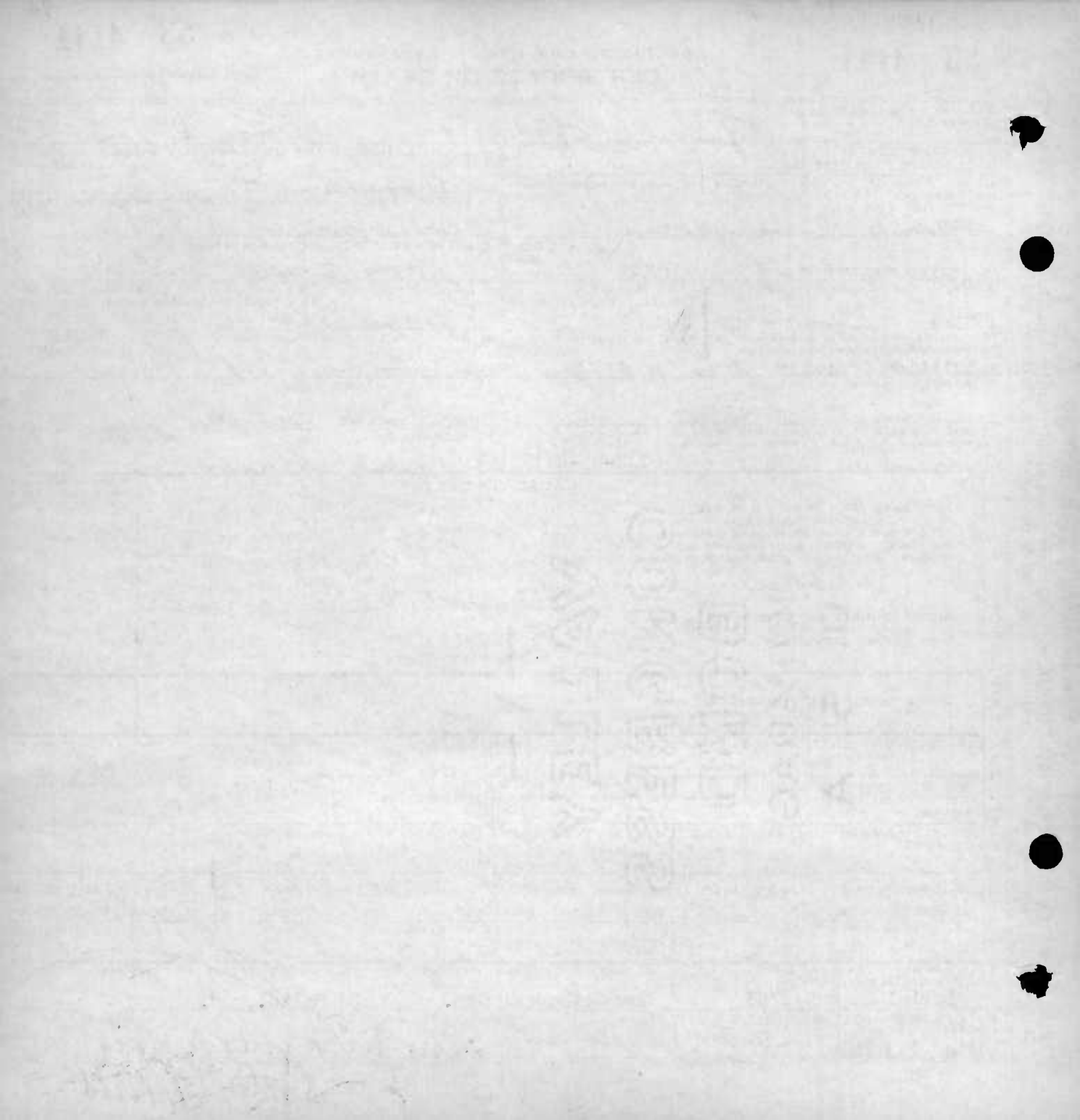
Wm. J. Pickens & Sons

ADDRESS

Balto. 17, Md.

VS 150

672 SE



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4112
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WALDO AUGUST WERCKSHAGEN		April 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE		C. CITY OR TOWN	
258 W. Biddle Street--		Maryland		Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)		258 W. Biddle Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Male	White	single	Dec. 20, 1887	65	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Pharmacist		compounding drugs		Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Otto Werckshagen		Helen Stuck			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mr. Richard Born - 219 N. Fremont Ave.	
18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute cardiac tamponade DUE TO Rupture of heart			
ANTECEDENT CAUSES		(B) Myocardial infarction DUE TO Arteriosclerotic cardiovascular disease			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED April 28, 1953		24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		4/30/53		24C. NAME OF CEMETERY OR CREMATORY	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
VS 151		0736L		Baltimore, Md.	

Handwritten text: *Handwritten notes, possibly "Handwritten" and "Handwritten" with a date "12.10.19" and a signature.*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4113
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John A. McNamee

2. DATE
OF
DEATH

April 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3006 Keswick Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-05

D. STREET ADDRESS (If rural, give location)

3006 Keswick Road

c. Length of stay in Baltimore

6 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Dec. 15, 1880

9. AGE (In years
last birthday)

72

Under 1 Year

Months

Days

Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Retail Liquors

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Briget -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William A. McNamee 709 Hollen Road

18.

442 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardio-renal Hypertensive Disease 4 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1949, to April 27, 1953, that I last saw the
deceased alive on April, 197 53 and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J N Wilson

M. D.

23B. ADDRESS

617 W. 40th St.

23C. DATE SIGNED

4/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 30, 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

CERTIFICATE OF DEATH

75

1941. 12. 12

Widow

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WILLIAM A. WILSON, JR. 1941

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 4114**

BIRTH NO. **53 4114**

1. NAME OF DECEASED (Type or Print) Priscilla Foster			2. DATE OF DEATH April 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Dist 4			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-07		
c. Length of stay in Baltimore Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 1526 N. Eden St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-9-1892		9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTO. MD
13. FATHER'S NAME STEVE JOHNSON			14. MOTHER'S MAIDEN NAME Maria?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 mos
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. hypertensive + arteriosclerotic cardiovascular disease		years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. hypostatic pneumonia		2 weeks

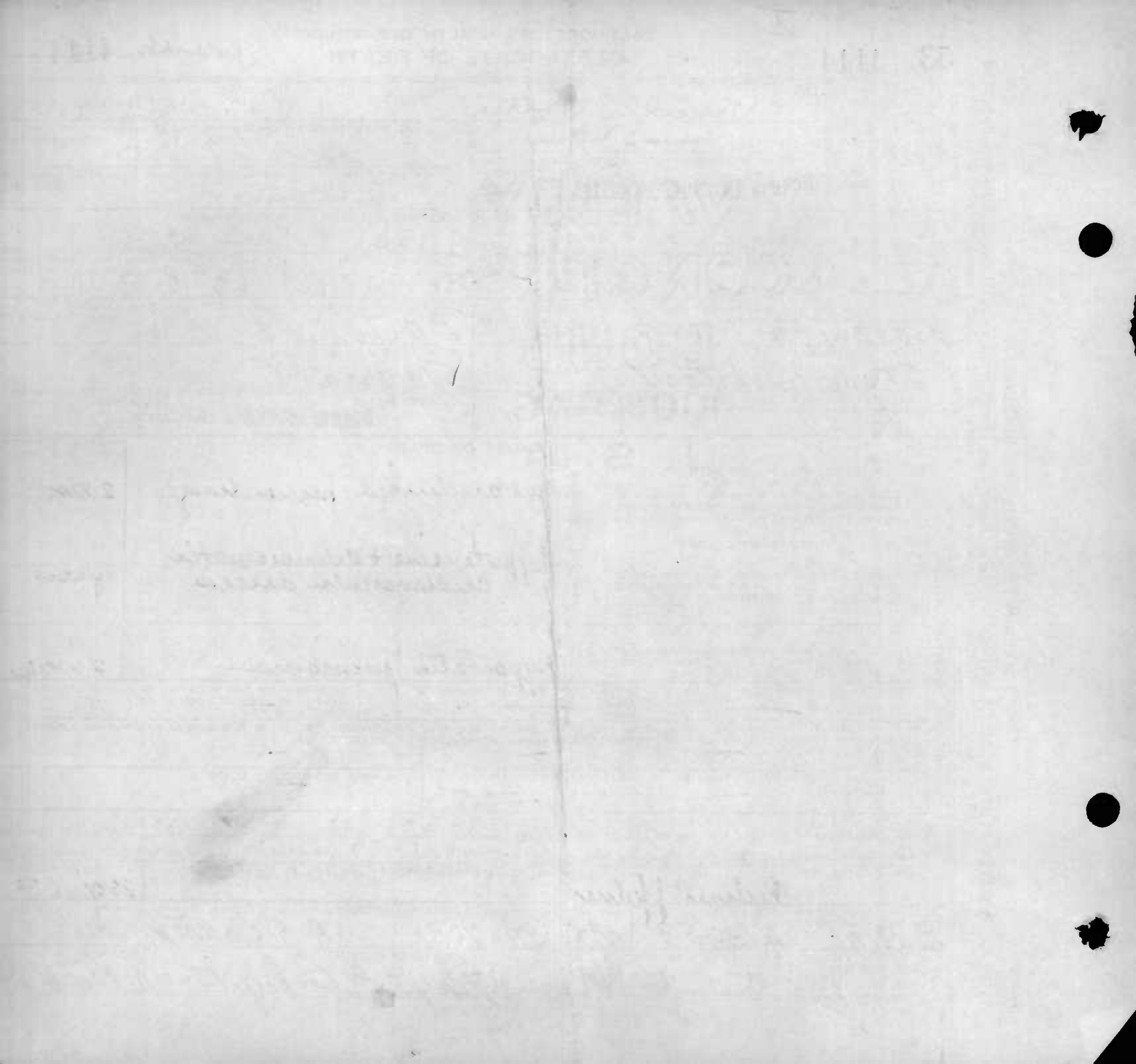
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **3-30**, 19**53**, to **4-28**, 19**53**, that I last saw the deceased alive on **4-28**, 19**53**, and that death occurred at **1:15 A.** m., from the causes and on the date stated above.

23A. SIGNATURE Richard Holmes		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 28 April 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/30/53		24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY	
24D. LOCATION (City, town, or county) A. A. County MD		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS 1304 N. Central Ave	

DATE RECEIVED BY LOCAL REGISTRAR **APR 29 1953**

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 41d5
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNIE GALLAGHER

2. DATE
OF
DEATH

April 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1515 Argonne Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

1515 Argonne Drive

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 23, 1873

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Gallagher

14. MOTHER'S MAIDEN NAME

Anne O'Connor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 1515 Argonne Drive
Mrs. Matilda Kampe

18.

42011

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute Coronary Thrombosis
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Chronic Myocarditis
DUE TO
(C)

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 24, 1953, to April 27, 1953, that I last saw the
deceased alive on April 27, 1953, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gull Hall M.D.

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

April 27-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/30/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

Henry J. Sander.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4116
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANGELA B. STEWART

2. DATE
OF
DEATH

4-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2501 N. Howard St. 1207 Balto Md

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 26 1906

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Aldolphus Burton

14. MOTHER'S MAIDEN NAME

Clara Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Record

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

C. V. A.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension Ess.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 27*, 19*53*, to *April 24*, 19*53*, that I last saw the deceased alive on *April 24*, 19*53*, and that death occurred at *7:45 p.m.* from the causes and on the date stated above.

23A. SIGNATURE

William L. Hargrett

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

4/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

4/29/53

W. Calverton A. A. Co

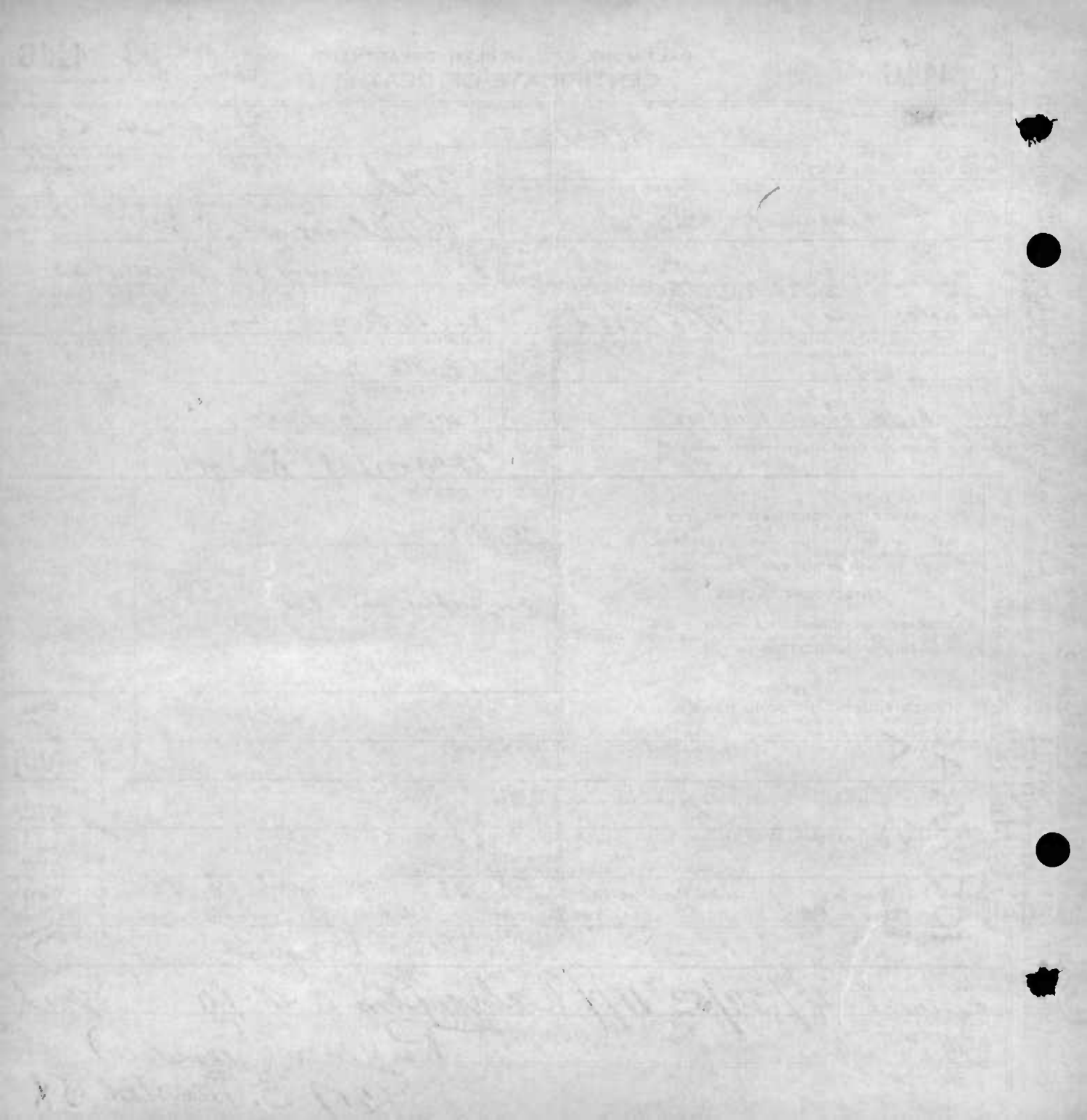
217 E. Preston St

APR 29 1953

Thurston Williams

Rayner Sanders

217 E. Preston St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4117

Registered No. _____

53 4117

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

PRESTON LITTLE

2. DATE
OF
DEATH

4/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

714 N. Vincent St. Balt. 17 Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

714 N. VINCENT ST.

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 16, 1902

9. AGE (In years;
last birthday)

50 yrs.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rockingham, N. C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Kanche Little

14. MOTHER'S MAIDEN NAME

Hannah McMain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

Abraham Little

ADDRESS

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Congestive Heart Failure

DUE TO

(C)

Hypertensive Cardio Vascular Disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan. 30*, 1953, to *April 27*, 1953, that I last saw the deceased alive on *April 27*, 1953, and that death occurred at *6:35 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

J. K. Williams

23B. ADDRESS

1222 N. Caroline St.

23C. DATE SIGNED

4-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/30/53

24C. NAME OF CEMETERY OR CREMATORY

McLarn Cemetery

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 29 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schroeder St.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

1960

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4118
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE, BEATRICE

2. DATE
OF
DEATH

April 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

PROVIDENT HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

19-02

D. STREET ADDRESS (If rural, give location)

212 N. Mount Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

separated

8. DATE OF BIRTH

Dec. 10, 1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

LYNCHBURG SC

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

LEATSON SHAE/DS

14. MOTHER'S MAIDEN NAME

DELLA SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dellie Rodwin 212 N. Mount St

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardio-vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension, essential

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1953, to 4-25-53, 1953, that I last saw the
deceased alive on April 25, 1953, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Gilbert L. Bonaparte

M. D.

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

4/29/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 30, 53

24C. NAME OF CEMETERY OR CREMATORY

W. T. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

H.A.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 29 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. Kate R. Williams

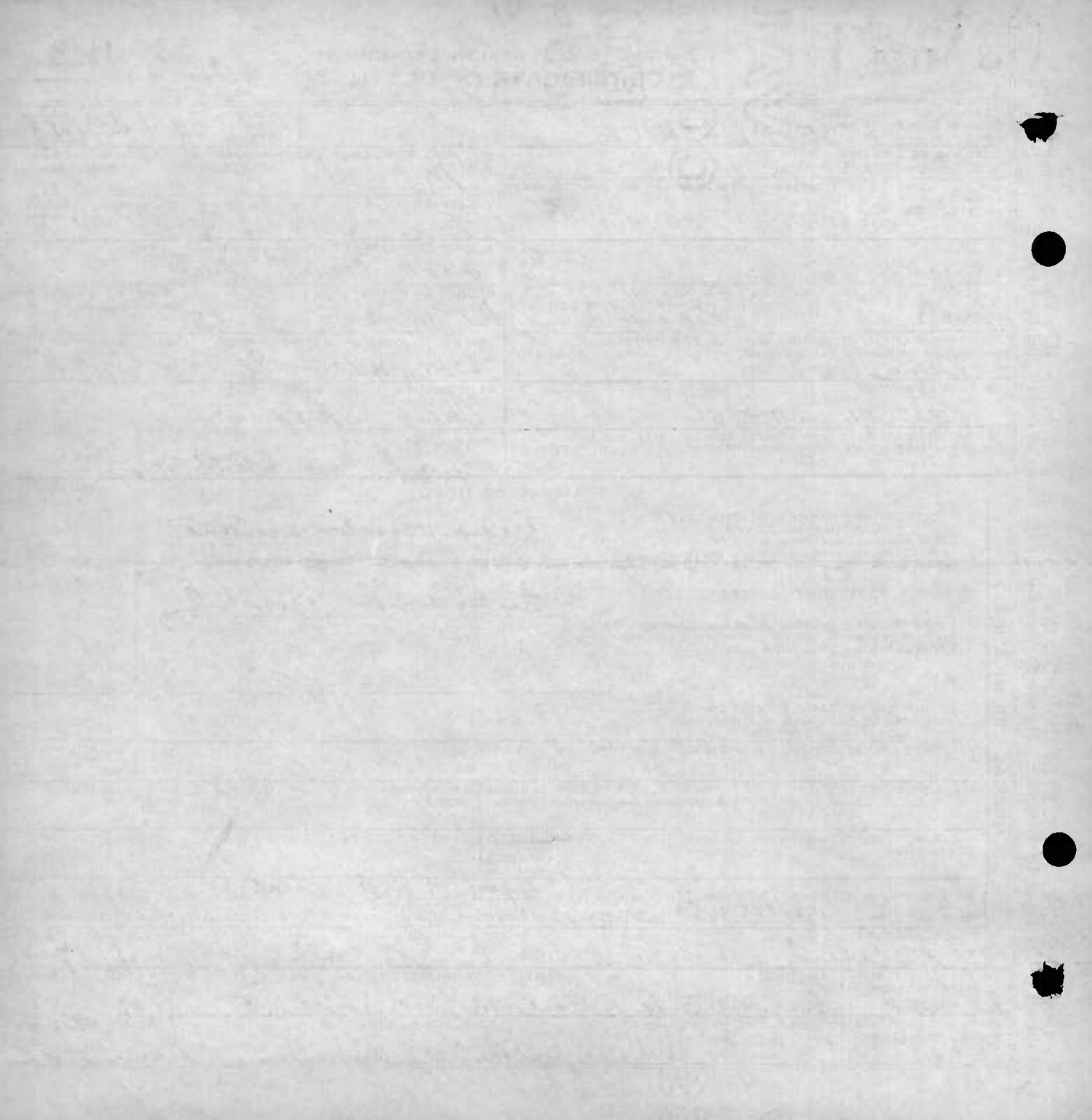
ADDRESS

322 N. Schreiner St

VS 150

7208A

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4119

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Maggie Paige2. DATE
OF
DEATH4/25/1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE MD. b. COUNTY 19-01 before admission)b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)1305 Edmondson Ave.c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore

d. STREET ADDRESS (If rural, give location)

1305 Edmondson Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

May 29, 18849. AGE (in years;
last birthday)68If Under 1 Year
Months: Days Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Louisiana Co. Va.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

JohnRobinson

14. MOTHER'S MAIDEN NAME

Margaret ?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or Unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Leon S. Paige 1305 Edmondson Ave.18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Coronary occlusion
DUE TOApprox
1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Coronary Heart Disease
DUE TO
(C) Arteriosclerosisundist
undist

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1952 to April 25, 1953 that I last saw the
deceased alive on Jan 18, 1953 and that death occurred at 2 pm. from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 322 N.

111 111

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

111 111

No. of plants		No. of leaves		No. of flowers		No. of fruits		No. of seeds		No. of other parts	
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108
109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132
133	134	135	136	137	138	139	140	141	142	143	144
145	146	147	148	149	150	151	152	153	154	155	156
157	158	159	160	161	162	163	164	165	166	167	168
169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192
193	194	195	196	197	198	199	200	201	202	203	204
205	206	207	208	209	210	211	212	213	214	215	216
217	218	219	220	221	222	223	224	225	226	227	228
229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252
253	254	255	256	257	258	259	260	261	262	263	264
265	266	267	268	269	270	271	272	273	274	275	276
277	278	279	280	281	282	283	284	285	286	287	288
289	290	291	292	293	294	295	296	297	298	299	300
301	302	303	304	305	306	307	308	309	310	311	312
313	314	315	316	317	318	319	320	321	322	323	324
325	326	327	328	329	330	331	332	333	334	335	336
337	338	339	340	341	342	343	344	345	346	347	348
349	350	351	352	353	354	355	356	357	358	359	360
361	362	363	364	365	366	367	368	369	370	371	372
373	374	375	376	377	378	379	380	381	382	383	384
385	386	387	388	389	390	391	392	393	394	395	396
397	398	399	400	401	402	403	404	405	406	407	408
409	410	411	412	413	414	415	416	417	418	419	420
421	422	423	424	425	426	427	428	429	430	431	432
433	434	435	436	437	438	439	440	441	442	443	444
445	446	447	448	449	450	451	452	453	454	455	456
457	458	459	460	461	462	463	464	465	466	467	468
469	470	471	472	473	474	475	476	477	478	479	480
481	482	483	484	485	486	487	488	489	490	491	492
493	494	495	496	497	498	499	500	501	502	503	504
505	506	507	508	509	510	511	512	513	514	515	516
517	518	519	520	521	522	523	524	525	526	527	528
529	530	531	532	533	534	535	536	537	538	539	540
541	542	543	544	545	546	547	548	549	550	551	552
553	554	555	556	557	558	559	560	561	562	563	564
565	566	567	568	569	570	571	572	573	574	575	576
577	578	579	580	581	582	583	584	585	586	587	588
589	590	591	592	593	594	595	596	597	598	599	600
601	602	603	604	605	606	607	608	609	610	611	612
613	614	615	616	617	618	619	620	621	622	623	624
625	626	627	628	629	630	631	632	633	634	635	636
637	638	639	640	641	642	643	644	645	646	647	648
649	650	651	652	653	654	655	656	657	658	659	660
661	662	663	664	665	666	667	668	669	670	671	672
673	674	675	676	677	678	679	680	681	682	683	684
685	686	687	688	689	690	691	692	693	694	695	696
697	698	699	700	701	702	703	704	705	706	707	708
709	710	711	712	713	714	715	716	717	718	719	720
721	722	723	724	725	726	727	728	729	730	731	732
733	734	735	736	737	738	739	740	741	742	743	744
745	746	747	748	749	750	751	752	753	754	755	756
757	758	759	760	761	762	763	764	765	766	767	768
769	770	771	772	773	774	775	776	777	778	779	780
781	782	783	784	785	786	787	788	789	790	791	792
793	794	795	796	797	798	799	800	801	802	803	804
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841	842	843	844	845	846	847	848	849	850	851	852
853	854	855	856	857	858	859	860	861	862	863	864
865	866	867	868	869	870	871	872	873	874	875	876
877	878	879	880	881	882	883	884	885	886	887	888
889	890	891	892	893	894	895	896	897	898	899	900
901	902	903	904	905	906	907	908	909	910	911	912
913	914	915	916	917	918	919	920	921	922	923	924
925	926	927	928	929	930	931	932	933	934	935	936
937	938	939	940	941	942	943	944	945	946	947	948
949	950	951	952	953	954	955	956	957	958	959	960
961	962	963	964	965	966	967	968	969	970	971	972
973	974	975	976	977	978	979	980	981	982	983	984
985	986	987	988	989	990	991	992	993	994	995	996
997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008
1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020
1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032
1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044
1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056
1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068
1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080
1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092
1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104
1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116
1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128
1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140
1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152
1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164
1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176
1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188
1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200
1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212
1213	1214	1215	1216	1217	1218	1219	1220	1221	1222	1223	1224
1225	1226	1227	1228	1229	1230	1231	1232	1233	1234	1235	1236
1237	1238	1239	1240	1241	1242	1243	1244	1245	1246	1247	1248
1249	1250	1251	1252	1253	1254	1255	1256	1257	1258	1259	1260
1261	1262	1263	1264	1265	1266	1267	1268	1269	1270	1271	1272
1273	1274	1275	1276	1277	1278	1279	1280	1281	1282	1283	1284
1285	1286	1287	1288	1289	1290	1291	1292	1293	1294	1295	1296
1297	1298	1299	1300	1301	1302	1303	1304	1305	1306	1307	1308
1309	1310	1311	1312	1313	1314	1315	1316	1317	1318	1319	1320
1321	1322	1323	1324	1325	1326	1327	1328	1329	1330	1331	1332
1333	1334	1335	1336	1337	1338	1339	1340	1341	1342	1343	1344
1345	1346	1347	1348	1349	1350	1351	1352	1353	1354	1355	1356
1357	1358	1359	1360	1361	1362	1363	1364	1365	1366	1367	1368
1369	1370	1371	1372	1373	1374	1375	1376	1377	1378	1379	1380
1381	1382	1383	1384	1385	1386	1387	1388	1389	1390	1391	1392
1393	1394	1395	1396	1397	1398	1399	1400	1401	1402	1403	1404
1405	1406	1407	1408	1409	1410	1411	1412	1413	1414	1415	1416
1417	1418	1419	1420								

53 4120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4120

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ODESSA GREEN		April 26, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE	
Baltimore City Morgue		Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
Baltimore		606 N. Brice Street	
c. Length of stay in Baltimore		E. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		606 N. Brice Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	Col	Married	JAN 15, 1917
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
36	Housework	N.C.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Green		Susan Perry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		17. INFORMANT	
		Joseph Green	
18. 443X		ADDRESS	
		606 N. Brice Street	
18. 443X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertensive Cardiovascular Disease	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		(C) DUE TO	
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from <u>Autopsy, Inspection or Inquiry</u> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
William V. [Signature]		4-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		5/1/1953	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Mt. Auburn Cem.		Balto. Md.	
25. FUNERAL DIRECTOR		ADDRESS	
Huntington Williams, M.D.		22	
DATE RECEIVED BY LOCAL REGISTRAR			
APR 29 1953			

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03-1-15

C-420
53 4121BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4121

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Chiles

2. DATE
OF
DEATH

4-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

801 W. Lexington

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
BALTIMORE township)

D. STREET ADDRESS (If rural, give location)

801 W. LEXINGTON ST

c. Length of stay in Baltimore

20 YRS

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2/12/1906

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BARBER

10B. KIND OF BUSINESS OR
INDUSTRY

HAIR CUTTING

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SCOTT CHILES

14. MOTHER'S MAIDEN NAME

LUCY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ELIZABETH CHILES (W) 801 W. LEX. ST

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wesley D. Howard

23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☒ 4-25-53
M.D. MEDICAL INVESTIGATOR24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4/30/53

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY CEMETERY

24D. LOCATION (City, town, or county)

A.A. COUNTY, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 29 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles G. W. 512 New City

ADDRESS

W. V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1151

53

RECEIVED BY THE DIRECTOR
OF THE BUREAU OF THE ARMY

RECEIVED

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RECEIVED BY THE DIRECTOR

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RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-600 53 4122 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4122 Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
CLARENCE P. BARROW			4/28/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTE) University Hospital			A. STATE Maryland B. COUNTY Cecil		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Perryville		
D. STREET ADDRESS (If rural, give location)			5700		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days
male	white	Single	10/15/23	29	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Attendant		Garage	Maryland		U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
John T. Barrow			Grace V. Merrick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
		219-14-1852	John T. Barrow Perryville, Md.		
18. 465X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					INTERVAL BETWEEN ONSET AND DEATH
(A) Pulmonary Embolism					
DUE TO					
ANTECEDENT CAUSES					
(B)					
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/26/53, 19, to 4/28/53, 19, that I last saw the deceased alive on 4/28/53, 19, and that death occurred at 11:00 P. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
O. J. Mullerger		University Hospital		4/29	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)
Burial		5-1-53	Principio C. C. C.		Principio Forge, Md
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 29 1953		Huntington Williams, M.D.		Lee A. Patterson & Son, Perryville, Md.	

STATE OF TEXAS
COUNTY OF DALLAS
CERTIFICATE OF DEATH

NAME OF DECEASED: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

RELIGION: [illegible]

DATE OF MARRIAGE: [illegible]

NAME OF SPOUSE: [illegible]

DATE OF DEATH OF SPOUSE: [illegible]

NAME OF CHILDREN: [illegible]

DATE OF BIRTH OF CHILDREN: [illegible]

NAME OF CHILDREN: [illegible]

DATE OF BIRTH OF CHILDREN: [illegible]

NAME OF CHILDREN: [illegible]

DATE OF BIRTH OF CHILDREN: [illegible]

NAME OF CHILDREN: [illegible]

DATE OF BIRTH OF CHILDREN: [illegible]

NAME OF CHILDREN: [illegible]

DATE OF BIRTH OF CHILDREN: [illegible]

NAME OF CHILDREN: [illegible]

DATE OF BIRTH OF CHILDREN: [illegible]

NAME OF CHILDREN: [illegible]

DATE OF BIRTH OF CHILDREN: [illegible]

NAME OF CHILDREN: [illegible]

DATE OF BIRTH OF CHILDREN: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling of names is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4123**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**May Eliz. Robinson**2. DATE
OF
DEATH**April 28/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home & Infirmary

C. CITY OR TOWN (If outside corporate limits, write R.U.T.A. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2406 Annor CourtC. Length of stay in Baltimore **Life**

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 21, 1910

9. AGE (In year, last birthday)

42

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. A. Muhl

14. MOTHER'S MAIDEN NAME

Florence L.C. Muhl

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elmer M. Robinson, 2406 Annor Court18. **443X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Ante Stenosi - Congenital Hypertensive C.V.D.

INTERVAL BETWEEN ONSET AND DEATH

10 years**5 years**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 28, 1910**, to **April 28, 1953**, that I last saw the deceased alive on **April 28, 1953** and that death occurred at **7 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Wm. A. Muhl

23B. ADDRESS

101 Annor Rd

23C. DATE SIGNED

4/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 1/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

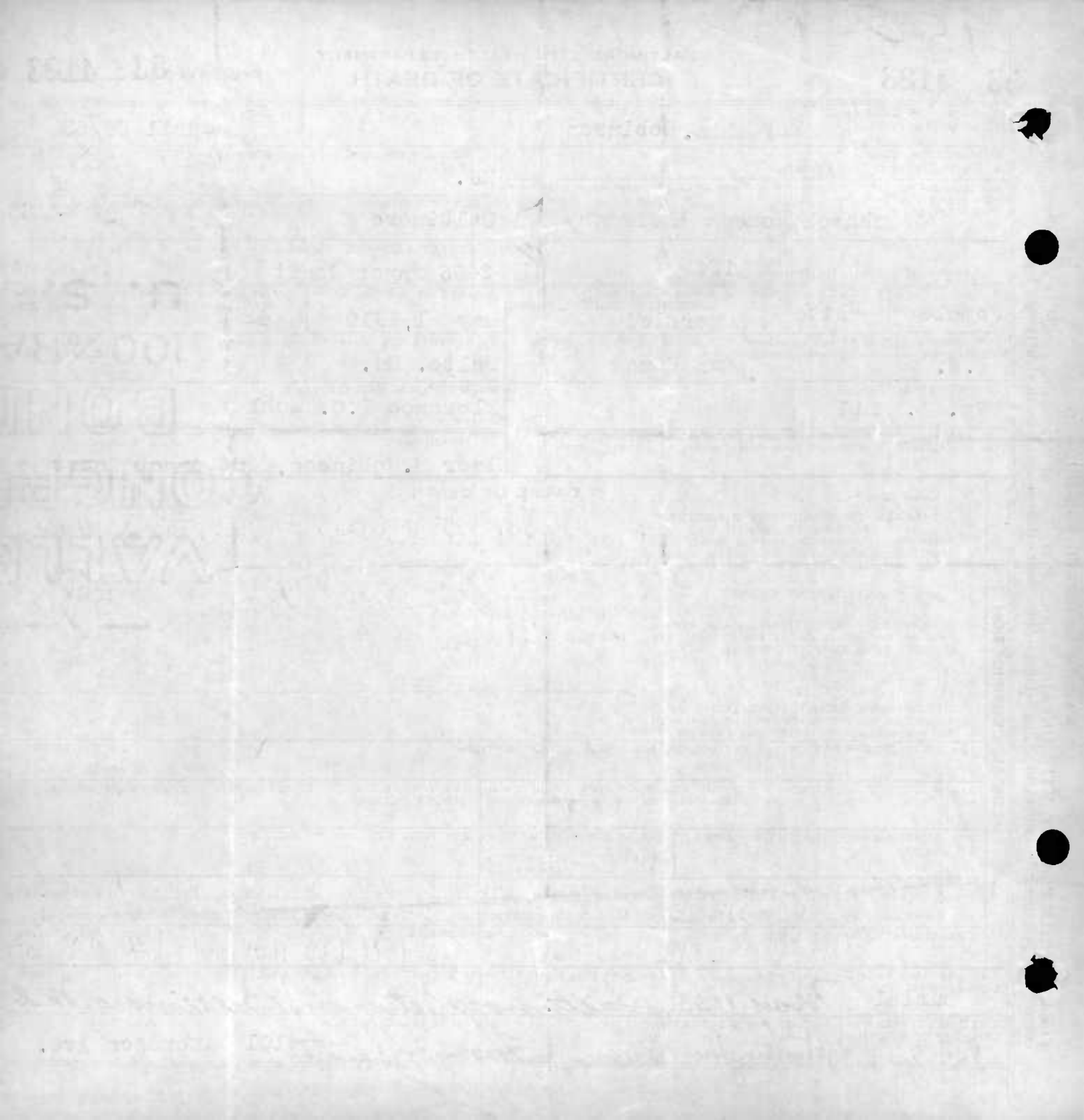
Harry F. Witzke

25. FUNERAL DIRECTOR

Harry F. Witzke

ADDRESS

4101 Edmondson Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-452

53 4124

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 4124

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edgar Collins

2. DATE
OF
DEATH

April 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Dist 6

4. USUAL RESIDENCE (Where deceased lived)
A. STATE

md.

B. COUNTY

If institution: residence before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

Baltimore 13-07

D. STREET ADDRESS (If rural, give location)

1119 Weldon Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-5-1869

9. AGE (In years,
last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 331X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Hemorrhage from
Left Middle Cerebral
Artery

5 days

(C) Arteriosclerosis

years

!!
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1953 to 4-29, 1953 that I last saw the
deceased alive on 4-29, 1953 and that death occurred at 4:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

David Lukens

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-29-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

4/30/53

24C. NAME OF CEMETERY OR CREMATORY

Elkins

24D. LOCATION (City, town, or county)

Elkins N. Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

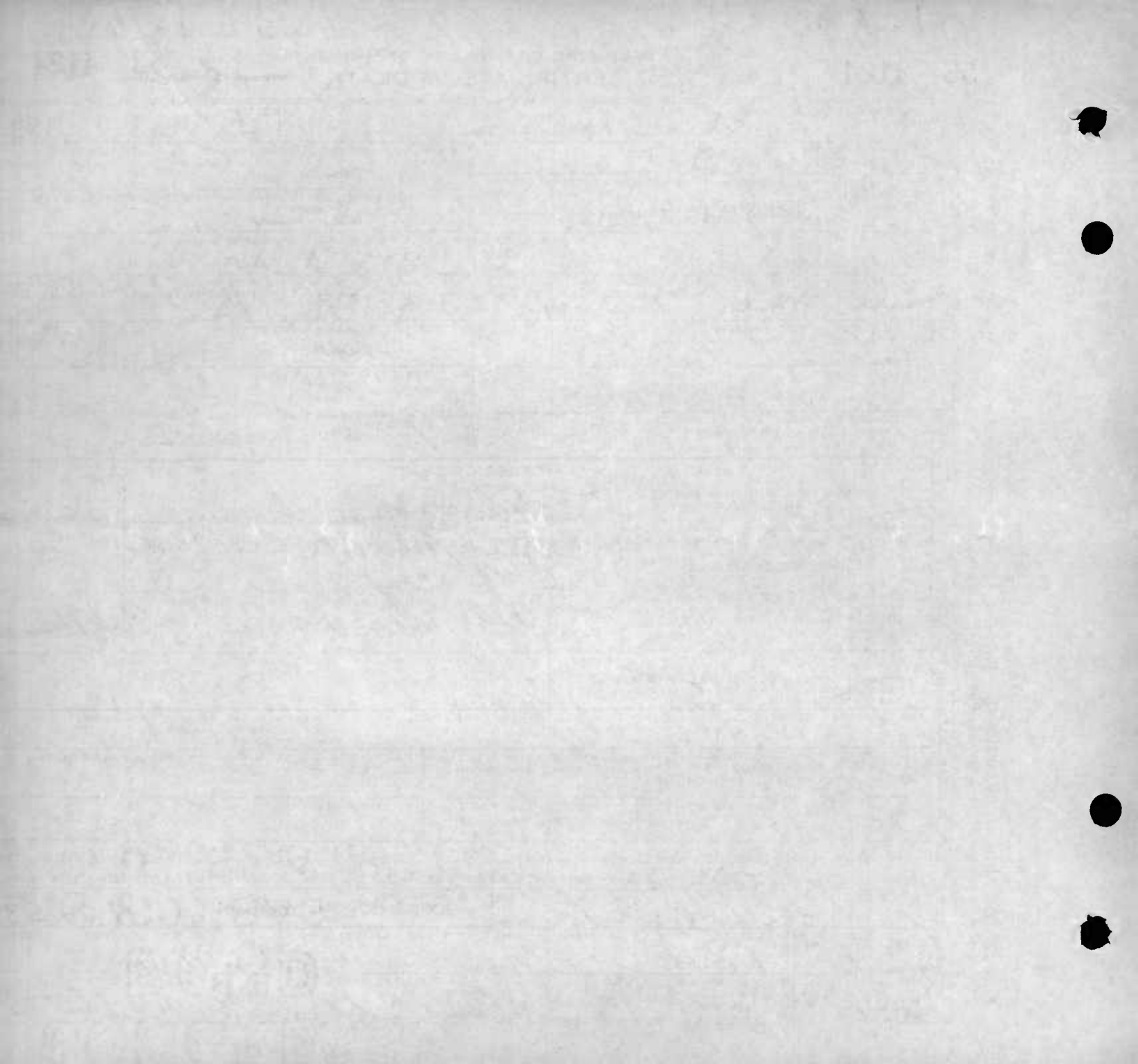
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Paul C. Schenck, Jr. 3615-17 Chestnut Ave

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4125

BIRTH NO. 53 4125

1. NAME OF DECEASED (Type or Print) JOHN C. VAETH SR.			2. DATE OF DEATH 4/29/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3107 Pritchett Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	B. DATE OF BIRTH MAY 12 - 1895	9. AGE (In years last birthday) 57	H Under 1 Year Months Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative - Dry Dock			11. BIRTHPLACE (State or foreign country) BALTIMORE Md		
10B. KIND OF BUSINESS OR INDUSTRY Md			12. CITIZEN OF WHAT COUNTRY? Md		
13. FATHER'S NAME FRANK VAETH			14. MOTHER'S MAIDEN NAME ELLA ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes WWII		16. SOCIAL SECURITY NO. 213-05-4183	17. INFORMANT ADDRESS MRS. AGNES A. VAETH - SAME		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/27/53 , 19__, to 4/29/53 , 19__, that I last saw the deceased alive on 4/29/53 , 19__, and that death occurred at 5:00 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Opfermann			23B. ADDRESS University Hosp.		23C. DATE SIGNED 4/29
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-2-53	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) BALTO Md
DATE RECEIVED BY LOCAL REGISTRAR 4/29/53		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 5305 Harford Rd.	

VS 150

490-30

1941 MAY 12

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4126**BIRTH NO. **53 4126**
23-00751

1. NAME OF DECEASED (Type or Print) MARY ANN CALCARA			2. DATE OF DEATH 4-29-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY 6-07		
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI Hospital of Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 202 N Milton Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant.	8. DATE OF BIRTH 1-9-53		9. AGE (in years, last birthday) 3 Months 20 Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland-	
13. FATHER'S NAME BRUNO CALCARA			14. MOTHER'S MAIDEN NAME Rachel Perra		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Bruno Calcara 202 N. Milton Ave	

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fibroelastosis of Endocardium.			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/28/53 to 4/29/53 , 19 53 , that I last saw the deceased alive on 4/29/53 , 19 53 , and that death occurred at 7:20 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE William S. Park		23B. ADDRESS SINAI Hospital		23C. DATE SIGNED 4/29/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 30/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cen.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR John C. Miller		24F. ADDRESS 2334 Jefferson St.	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

Wm. H. R. Co. and Co.

BALTIMORE CITY HEALTH DEPARTMENT

53 4127
Registered No.53 4127 3-09537
BIRTH NO. CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) LINDA ANN ROBERTSON			2. DATE OF DEATH 4-25-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Carroll		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 1 <small>Yes Mon Days</small>			D. STREET ADDRESS (If rural, give location) Box 78. 5600		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 4-24-53		9. AGE (In years last birthday) 1 <small>If Under 1 Year Months: Days</small> 10 23
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME WALTER WASHINGTON ROBERTSON			14. MOTHER'S MAIDEN NAME GLADYS LOUISE HESSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS HOSPITAL RECORDS	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RESPIRATORY FAILURE (A) DUE TO PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH 34' 23"
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-24, 1953 , to 4-25, 1953 , that I last saw the deceased alive on 4-25, 1953 , and that death occurred at 12:45 m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS MARYLAND GENERAL HOSPITAL		23C. DATE SIGNED 4-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE ARR 26, 1953		24C. NAME OF CEMETERY OR CREMATORY STONE CHAPEL	
24D. LOCATION (City, town, or county) (State) WARFIELDSBURG, MD. CARROLL COUNTY		25. FUNERAL DIRECTOR JOHN R. BYERS		ADDRESS WESTMINSTER, MD.	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

L-516
53 4128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4128

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CHARLES C. LAMBRECHT	
2. DATE OF DEATH 4/28/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercer Hospital	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-31	
D. STREET ADDRESS (If rural, give location) 5021 Frederick Ave.	
c. Length of stay in Baltimore 68 Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days	
5. SEX M	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	
8. DATE OF BIRTH 3/23/85	
9. AGE (in years last birthday) 68	
10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Balt. Submarine Co.	
10B. KIND OF BUSINESS OR INDUSTRY STEEL WORKER	
11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Charles Lambrecht	
14. MOTHER'S MAIDEN NAME Hannah Patterson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) unknown (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Hospital records	

18. 420.1 CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	
(A) Cornary thrombosis	
DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(B) DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH none		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 28, 1953 , to April 28, 1953 , that I last saw the deceased alive on April 28, 1953 and that death occurred at 10:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE R. M. Madder		23B. ADDRESS Mercer Hosp. (Balt.)		23C. DATE SIGNED April 28, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 2, 1953		24C. NAME OF CEMETERY OR CREMATORY Towson Park	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR Frederick A. Cole		24F. ADDRESS 1913 W. Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. ADDRESS	

2904M

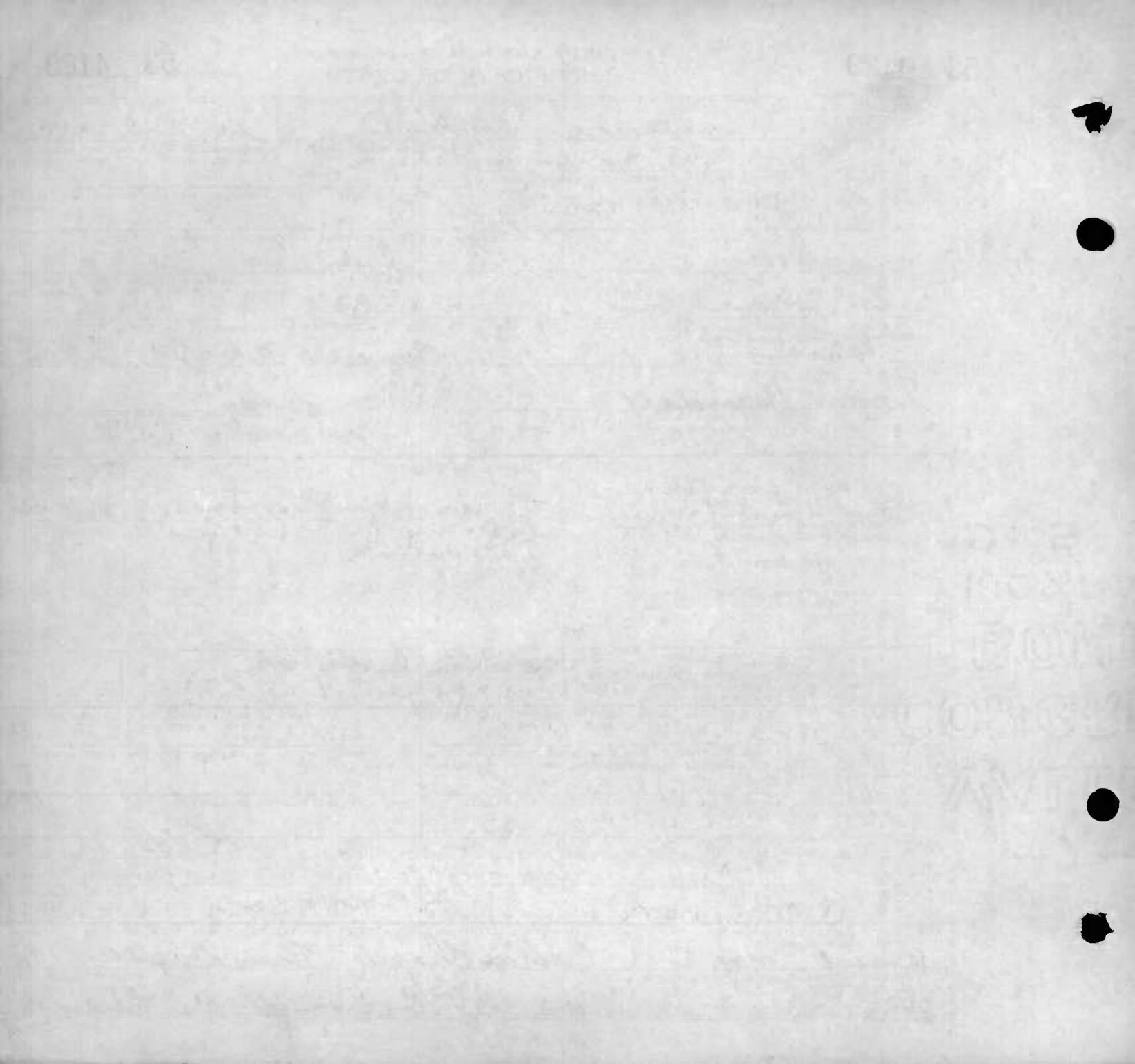
UNITED STATES DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

<p>1. Name of deceased: <i>John Doe</i></p>		<p>2. Sex: <i>Male</i></p>	
<p>3. Date of birth: <i>Jan 1, 1900</i></p>		<p>4. Place of birth: <i>New York, N.Y.</i></p>	
<p>5. Date of death: <i>Dec 15, 1950</i></p>		<p>6. Place of death: <i>New York, N.Y.</i></p>	
<p>7. Cause of death: <i>Heart Disease</i></p>		<p>8. Manner of death: <i>Natural</i></p>	
<p>9. Signature of physician: <i>Dr. J. Smith</i></p>		<p>10. Signature of registrar: <i>John Doe</i></p>	
<p>11. Date of registration: <i>Dec 16, 1950</i></p>		<p>12. Place of registration: <i>New York, N.Y.</i></p>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 R-534 4129		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 53 4129	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Constance Randall		2. DATE OF DEATH April 29, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Stel Recovery Room		4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parsa			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Calvert Co. 5400			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-11-1938	9. AGE (In years last birthday) 14	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Parsa Md Calvert	
13. FATHER'S NAME James Randall		14. MOTHER'S MAIDEN NAME Alice Gray		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 237X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) tumor of youth ventricle (cell type not identified at present)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 16 months	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Operation Biopsy and decompression 7.23-53					
19A. DATE OF OPERATION 4.23.53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED tumor		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-21 , 19 53 , to 4-29 , 19 53 , that I last saw the deceased alive on 4-29 , 19 53 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE James M. Queen		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4.29-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 2		24C. NAME OF CEMETERY OR CREMATORY Carver Chapel	
24D. LOCATION (City, town, or county) Frederick Md		24E. FUNERAL DIRECTOR P. C. Sewell		24F. ADDRESS Frederick Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

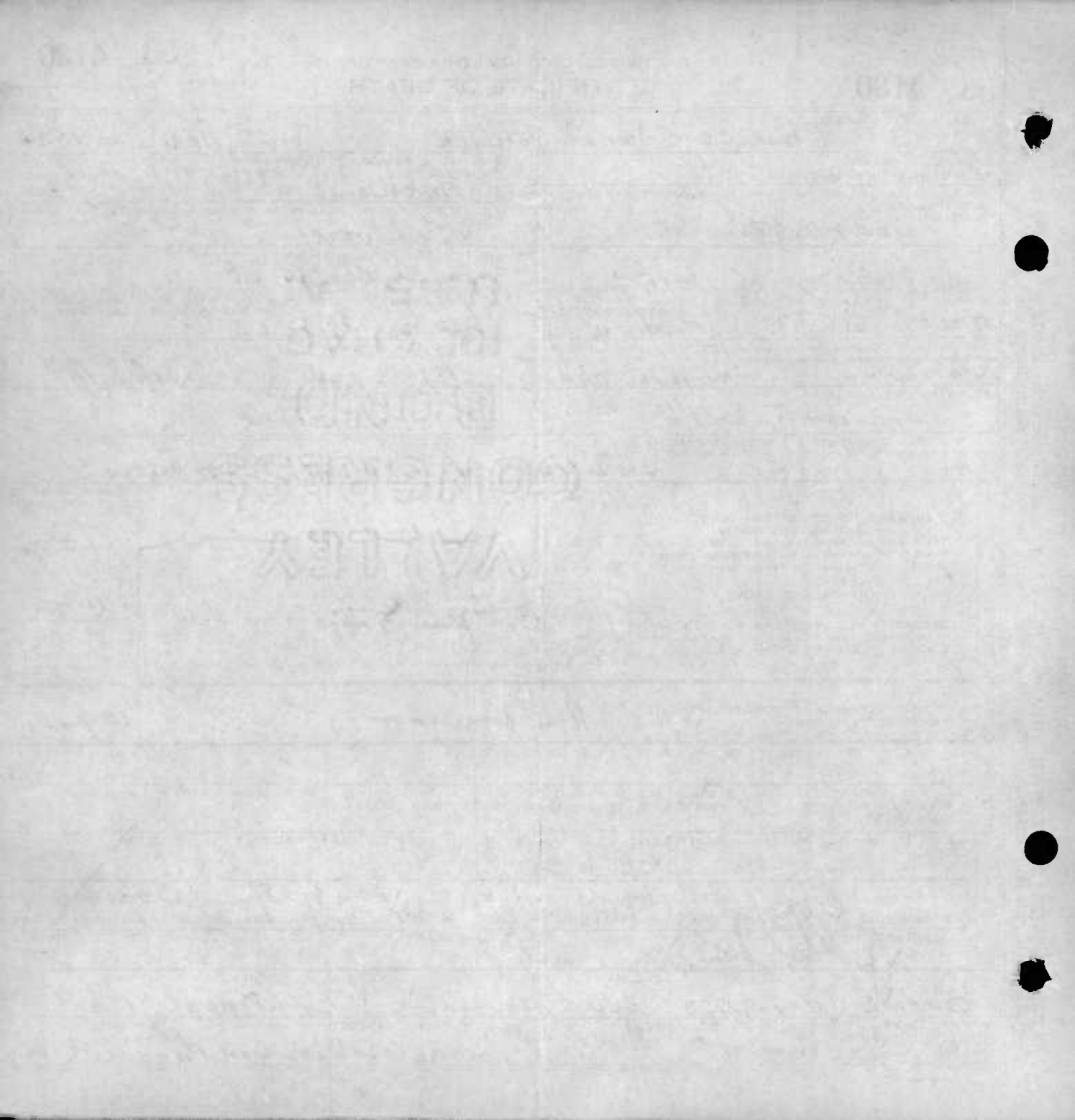
53 4130

Registered No.

53 4130

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES EDWARD SMITH		2. DATE OF DEATH APRIL 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2029 Ashton St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-03	
c. Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2029 Ashton St.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 6, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY Municipal Bldgs.	9. AGE (In years last birthday) 63
13. FATHER'S NAME William T. Smith		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NONE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 213-26-2341		14. MOTHER'S MAIDEN NAME Kate J. Hooper	
17. INFORMANT Margaret A. Smith		ADDRESS 2029 Ashton St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 331X I		CAUSE OF DEATH Cerebral Hemorrhage	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		INTERVAL BETWEEN ONSET AND DEATH 7 days	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION Non physiologic	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/6/1953 to 4/28/1953 , that I last saw the deceased alive on 4/27/1953 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Chas. E. Smith Jr.		23B. ADDRESS M. D.	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 2, 1953	
24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL		24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.	
DATE RECEIVED BY LOCAL REGISTRAR APR 29 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR George L. Schwab		ADDRESS 2101 Frederick Ave	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4131

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas LEONARD Collins

2. DATE
OF
DEATH

April 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2645 Frederick Ave. #23

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Feb. 25, 1877

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR
INDUSTRY

RETIRED

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas T. Collins

14. MOTHER'S MAIDEN NAME

Sara Reindollar

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

William Collins 1201 E. Lombard St.

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Uremia and acidosis

6 wks +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Hydro-pyso-nephrosis +
pyelitis + orchitis

6 wks +

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1953, to April 29, 1953, that I last saw the
deceased alive on April 29, 1953, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. D. Thomas Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

April 29, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORIUM

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL
DATE RECEIVED BY
LOCAL REGISTRAR24B. DATE
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George L. Schwab 2101 Frederick Ave.

UNITED STATES GOVERNMENT
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of coroner		18. Signature of jury	
19. Signature of medical examiner		20. Signature of pathologist		21. Signature of toxicologist	
22. Signature of bacteriologist		23. Signature of virologist		24. Signature of epidemiologist	
25. Signature of public health nurse		26. Signature of health visitor		27. Signature of sanitarian	
28. Signature of health officer		29. Signature of coroner		30. Signature of jury	
31. Signature of medical examiner		32. Signature of pathologist		33. Signature of toxicologist	
34. Signature of bacteriologist		35. Signature of virologist		36. Signature of epidemiologist	
37. Signature of public health nurse		38. Signature of health visitor		39. Signature of sanitarian	
40. Signature of health officer		41. Signature of coroner		42. Signature of jury	
43. Signature of medical examiner		44. Signature of pathologist		45. Signature of toxicologist	
46. Signature of bacteriologist		47. Signature of virologist		48. Signature of epidemiologist	
49. Signature of public health nurse		50. Signature of health visitor		51. Signature of sanitarian	
52. Signature of health officer		53. Signature of coroner		54. Signature of jury	
55. Signature of medical examiner		56. Signature of pathologist		57. Signature of toxicologist	
58. Signature of bacteriologist		59. Signature of virologist		60. Signature of epidemiologist	
61. Signature of public health nurse		62. Signature of health visitor		63. Signature of sanitarian	
64. Signature of health officer		65. Signature of coroner		66. Signature of jury	
67. Signature of medical examiner		68. Signature of pathologist		69. Signature of toxicologist	
70. Signature of bacteriologist		71. Signature of virologist		72. Signature of epidemiologist	
73. Signature of public health nurse		74. Signature of health visitor		75. Signature of sanitarian	
76. Signature of health officer		77. Signature of coroner		78. Signature of jury	
79. Signature of medical examiner		80. Signature of pathologist		81. Signature of toxicologist	
82. Signature of bacteriologist		83. Signature of virologist		84. Signature of epidemiologist	
85. Signature of public health nurse		86. Signature of health visitor		87. Signature of sanitarian	
88. Signature of health officer		89. Signature of coroner		90. Signature of jury	
91. Signature of medical examiner		92. Signature of pathologist		93. Signature of toxicologist	
94. Signature of bacteriologist		95. Signature of virologist		96. Signature of epidemiologist	
97. Signature of public health nurse		98. Signature of health visitor		99. Signature of sanitarian	
100. Signature of health officer		101. Signature of coroner		102. Signature of jury	

FOR OFFICIAL USE ONLY
DO NOT WRITE IN THESE SPACES
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

2814

85

M420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4132
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Mills

2. DATE
OF
DEATH

4/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

749 W. Lexington Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

749 W. Lexington Street

c. Length of stay in Baltimore

5yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 23, 1909

9. AGE (In years
last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Service Station Attendant, Garage

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

James Island, S. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert Lawrence

14. MOTHER'S MAIDEN NAME

Lula Mills

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

116-09-5261

17. INFORMANT

ADDRESS

Lillian B. Mills, 749 W. Lexington St.

18.

521 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Infection of the lungs. 36 months

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1951, to April 28, 1953 that I last saw the
deceased alive on April 26, 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Seymour K. Adams

M. D.

23B. ADDRESS

2322 W. North

23C. DATE SIGNED

April 28-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/30/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

Balto., County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law, 802 Madison Ave

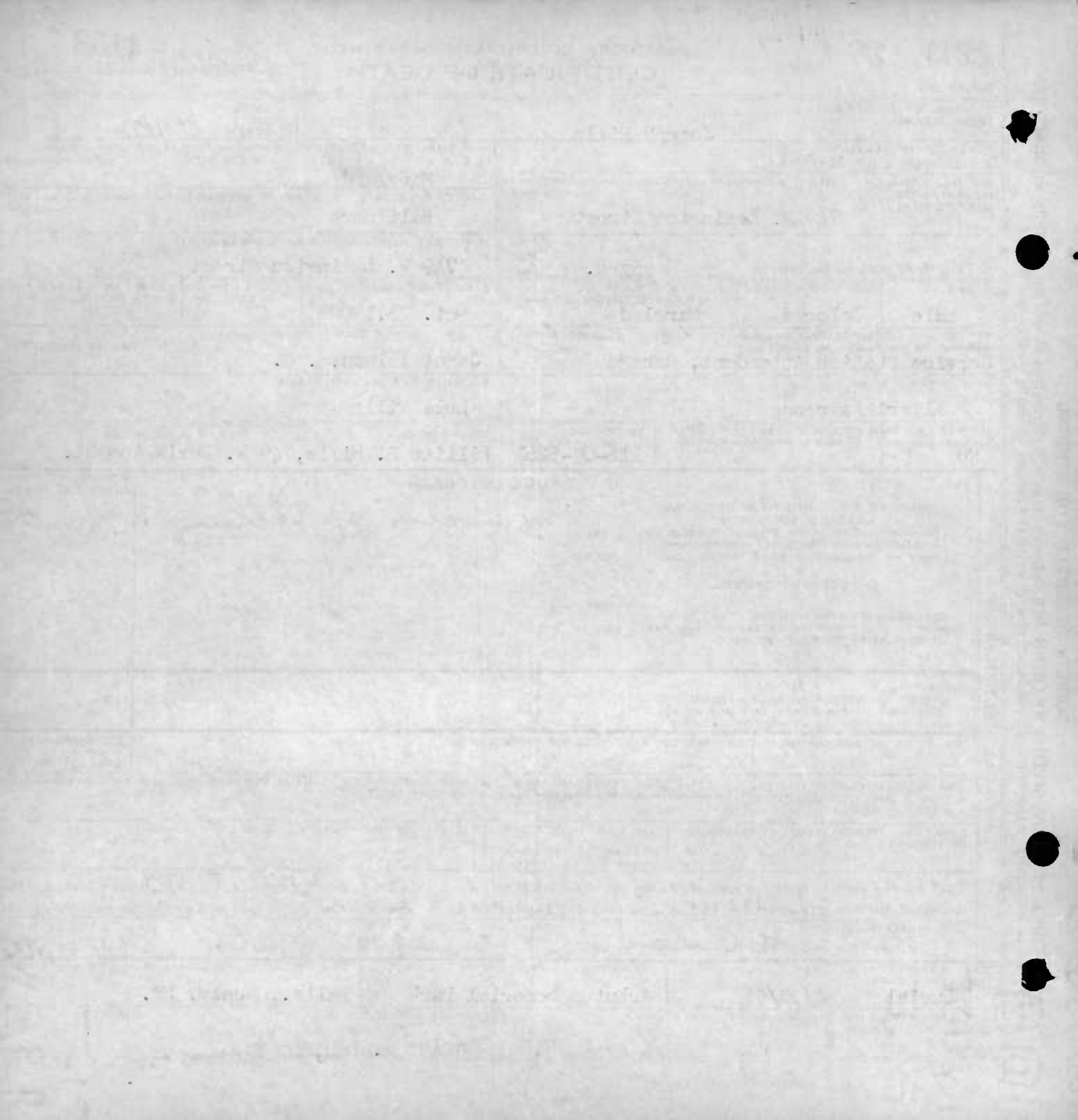
VS 150

6216K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

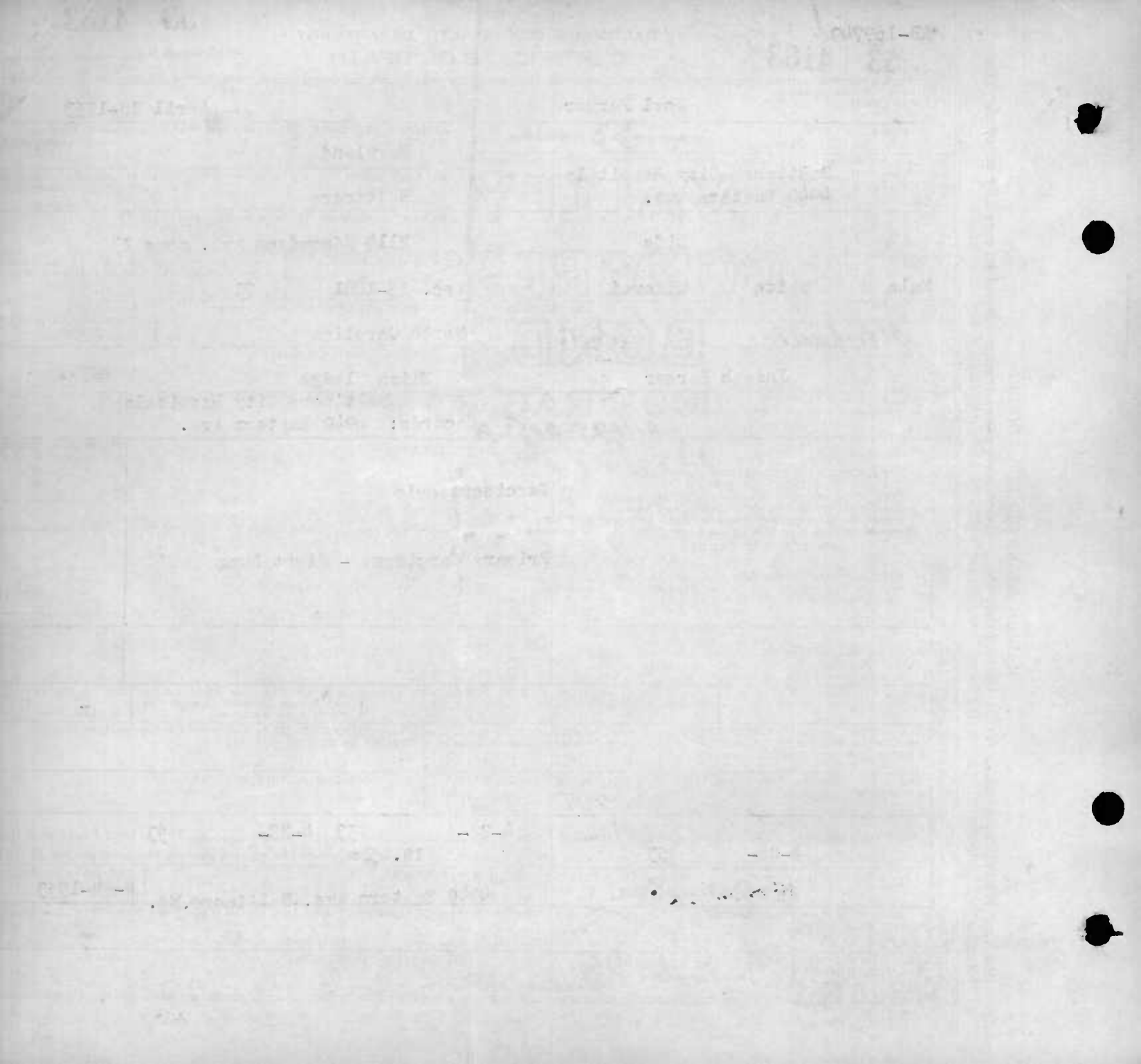
MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-169749		BALTIMORE CITY HEALTH DEPARTMENT		53 4133	53 4133
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Joel Parker			April 28-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			A. STATE Maryland B. COUNTY		
c. Length of stay in Baltimore Life			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. SEX Male			8. DATE OF BIRTH Dec. 15-1881		
6. COLOR OR RACE White			9. AGE (In years last birthday) 71		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			10. KIND OF BUSINESS OR INDUSTRY Auto		
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Mechanic			11. BIRTHPLACE (State or foreign country) North Carolina		
13. FATHER'S NAME Joseph Parker			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 214-09-0052A		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			18. CAUSE OF DEATH		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 162X1 Garcinomatosis			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Primary Carcinoma - Right Lung					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-22-1953, to 4-28-1953, that I last saw the deceased alive on 4-28-1953, and that death occurred at 10.45pm, from the causes and on the date stated above.					
23A. SIGNATURE H. John Doe		23B. ADDRESS 4940 Eastern Ave. Baltimore, Md.		23C. DATE SIGNED 4-29-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Apr 30-1953		Western	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 30 1953		Huntington Williams, M.D.		Wm Cook Inc - 117 St Paul St.	



53 4134

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 58-4134

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vaclav Havlik

2. DATE
OF
DEATH 4-28-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

711 N. Collington Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)
Baltimore

D. STREET ADDRESS (If rural, give location)

711 N. Collington Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Charles white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-4-1891

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Men Clothing

11. BIRTHPLACE (State or foreign country)

Bohemia

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Joseph Havlik

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
216-07-051317. INFORMANT ADDRESS
Mary Havlik, 711 N. Collington Ave,

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

1/2 hour

ANTECEDENT CAUSES

DUE TO

(B)

Hypertensive Cardio Vascular Disease ?

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28/53, 19, to 4/28/53, 19, that I last saw the
deceased alive on 7/15/53, 19, and that death occurred at 7/15/53, 19, from the causes and on the date stated above.

23A. SIGNATURE

Joseph Pokorny

M. D.

23B. ADDRESS

2200 E. Madison St

23C. DATE SIGNED

4/28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore 6, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

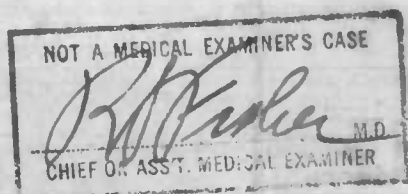
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Crach & Son, 900 N. Chester St

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4135**

B-451
BIRTH NO. **53 4135**

1. NAME OF DECEASED (Type or Print) Samuel BLOOMBERG			2. DATE OF DEATH April-29-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto City, Md.			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md. B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Park Hill Nursing Home 1802 - Eutan Place			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1701 - Eutan Place		
5. SEX Male	6. COLOR or RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov-20-1876	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising Salesman			10B. KIND OF BUSINESS OR INDUSTRY ← (1)		
11. BIRTHPLACE (State or foreign country) New York City			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Harro Bloomberg			14. MOTHER'S MAIDEN NAME Sara Bushman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. Unknown		
17. INFORMANT Her Jacobs			ADDRESS 1700 Eutan Place		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Chc Cardiovascular Disease... Hypertension		INTERVAL BETWEEN ONSET AND DEATH under my care for 10 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) marked arteriosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION (11)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) No		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from **1943** to **Apr. 29 - 1953** that I last saw the deceased alive on **Apr. 28 - 1953**, and that death occurred at **9:15 Am.**, from the causes and on the date stated above.

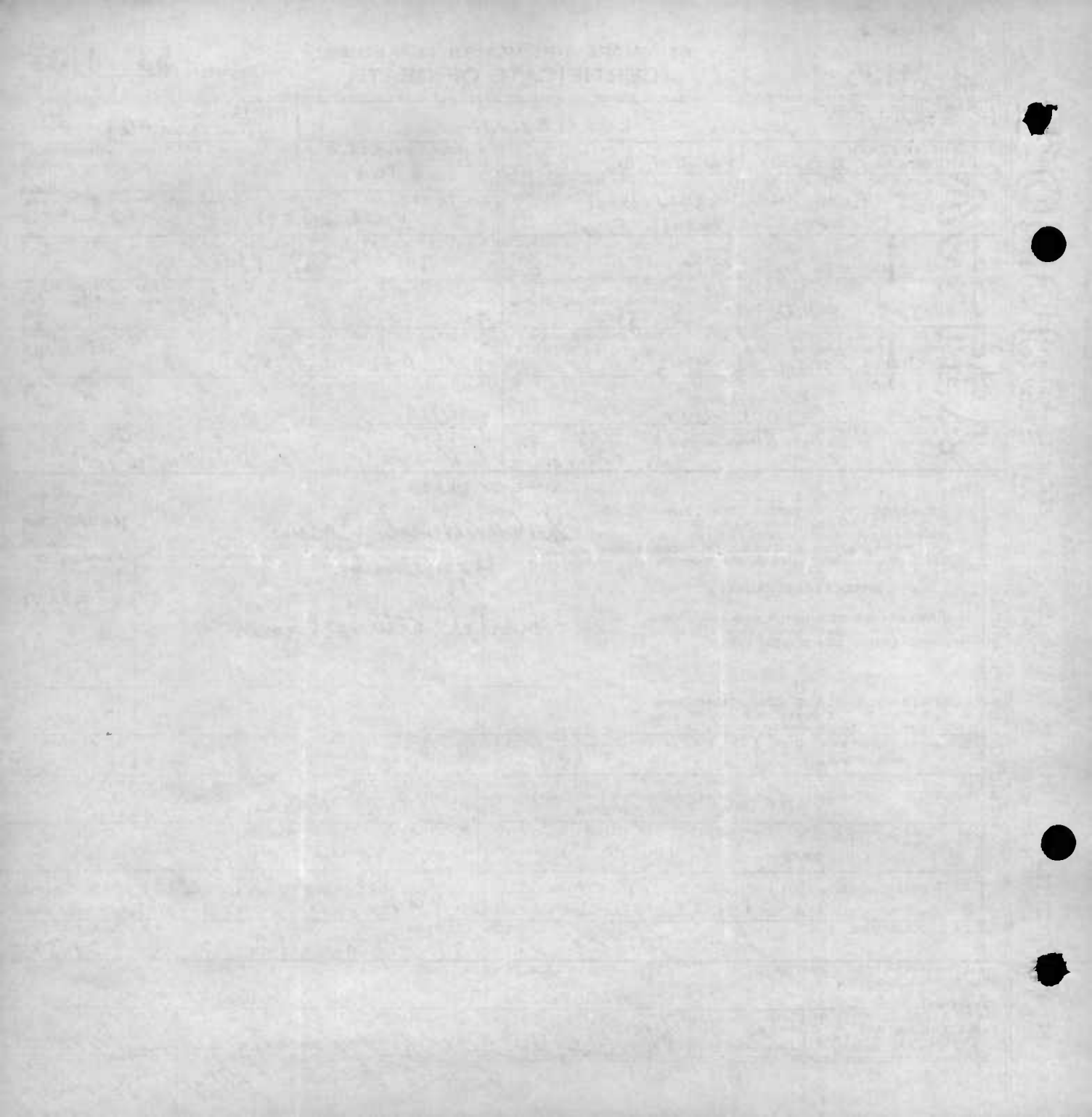
23A. SIGNATURE Louis J. Garsh M. D.		23B. ADDRESS 1700 - Eutan Place		23C. DATE SIGNED Apr. 29-53	
---	--	---	--	---------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) cremation		24B. DATE 4-30-53		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) (State) Baltimore City		25. FUNERAL DIRECTOR Earl B. Pollock			

DATE RECEIVED BY LOCAL REGISTRAR **APR 30 1953** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** ADDRESS **403 E. 25th St. Balto. 18-Md**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4136**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Mary Welsh*2. DATE
OF
DEATH*1:00. a.m.**April 29, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*Little Sisters of the Poor*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**10-01*

D. STREET ADDRESS (If rural, give location)

1200 Valley St.

c. Length of stay in Baltimore

68 years

5. SEX

Female

6. COLOR OR RACE

*White*7. ~~SINGLE~~ MARRIED.

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 22, 1884

9. AGE (in years)

last birthday

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Starr

14. MOTHER'S MAIDEN NAME

Catherine Meagher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No**No*

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Little Sisters of the Poor

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Chronic Myocarditis**1 year*

ANTECEDENT CAUSES

(B)

DUE TO

*Arterio Sclerosis**4 yrs*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 1 -*, 19*53*, to *April 29 -*, 19*53*, that I last saw the deceased alive on *April 28*, 19*53*, and that death occurred at *1 A* m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall Md

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

April 29-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**May 2 - 1953**St Mary's - Gorsuch**Baltimore, Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*APR 30 1953**Huntington Williams, M.D.**Earl B. Wolverton Funeral Home, Inc.**403-E-25 St, Baltimore, Md*

120

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH OF SPOUSE

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

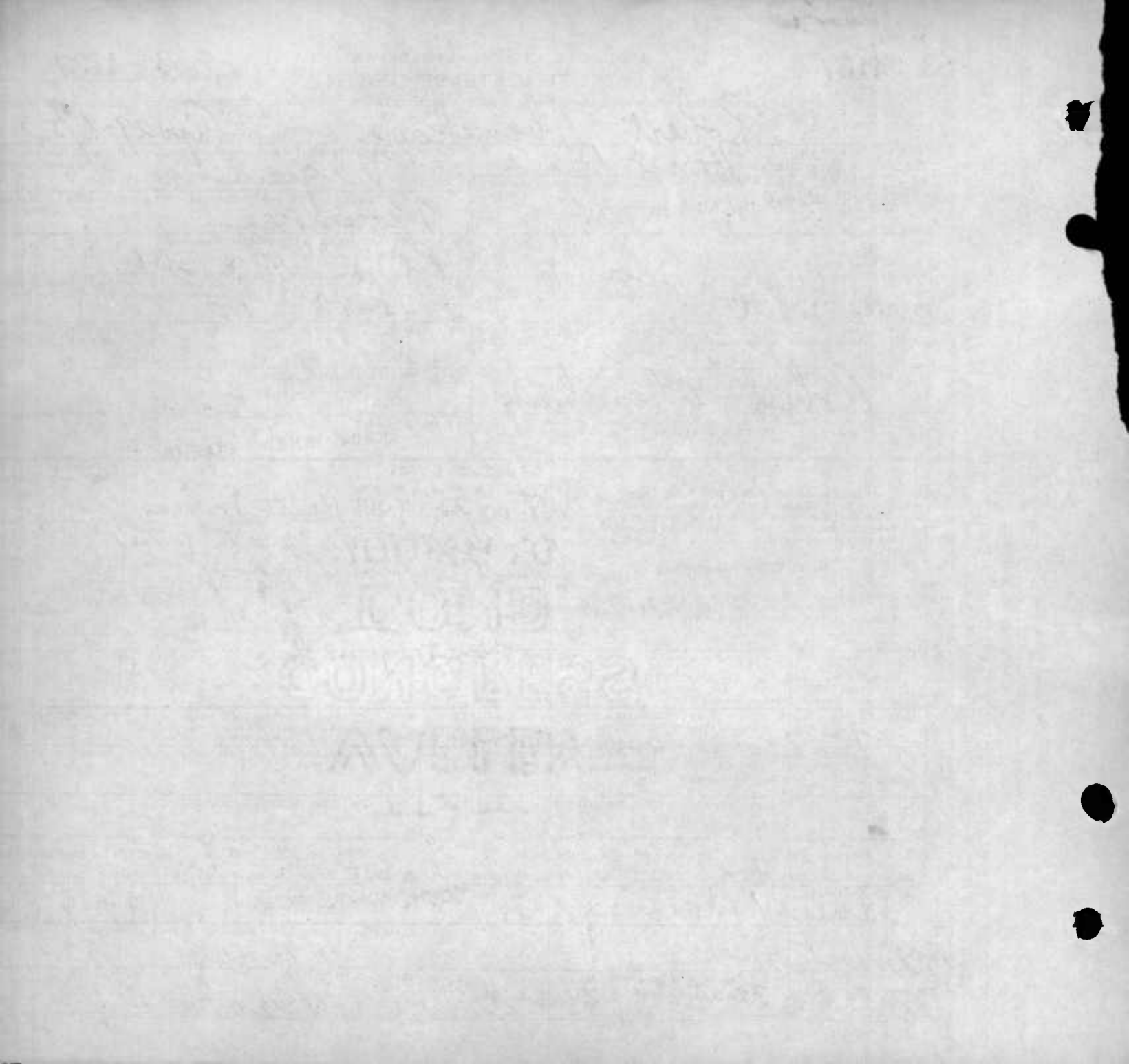
DATE OF BIRTH OF CHILD

NAME OF CHILD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-152 53 4137		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4137	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Robert Obenchain		2. DATE OF DEATH Apr 29-1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland Janet Lane 2		4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) a. STATE Virginia b. COUNTY V-4		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Roanoke	
b. FULL NAME OF HOSPITAL OR INSTITUTION 33 JOHNS HOPKINS HOSPITAL		d. STREET ADDRESS (If rural, give location) Rt 2 Box 361		5. SEX male 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
c. Length of stay in Baltimore		8. DATE OF BIRTH 1-25-40		9. AGE (In years, last birthday) 13	
10a. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME Robert Obenchain		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 754.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital Heart Disease 13 yrs (Coarctation of aorta, patent ductus arteriosus) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial failure, post-operative II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 4/29/53		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Coarctation		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-9-1953 to 4-29-1953, that I last saw the deceased alive on 4-29-1953 and that death occurred at 2:55 p.m., from the causes and on the date stated above.					
23a. SIGNATURE James V. Maloney		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 4-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/30/53		24c. NAME OF CEMETERY OR CREMATORY Roanoke Va	
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm J. Tucker & Sons North & Pa Pres	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT		Registered No.	
4138		CERTIFICATE OF DEATH		53 4138	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		3. PLACE OF DEATH	
Baby Boy Nashieil		APR 18 1953		a. Baltimore City, Maryland	
b. FULL NAME OF HOSPITAL OR INSTITUTION		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		5. SEX	
JOHNS HOPKINS HOSPITAL		a. STATE Md.		male	
c. Length of stay in Baltimore		b. COUNTY Harford		6. COLOR OR RACE	
Yrs. Mos. Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		d. STREET ADDRESS (If rural, give location)		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
S.		Magnolia		S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
		4-18-53		10 Under 1 Year Months Days	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
		Md		26443	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
?		J. Irene ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				JOHNS HOPKINS HOSPITAL	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
776 x 1		Prematurity			
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-18-1953 to 4-19-1953 that I last saw the deceased alive on 4-18-1953, and that death occurred at 12:18 Pm., from the causes and on the date stated above.		23a. SIGNATURE		23b. ADDRESS	
		Huntington Williams, M.D.		JOHNS HOPKINS HOSPITAL	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
				Hosp Deceased	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 30 1953		Huntington Williams, M.D.			

<h1 style="margin: 0;">Hospital Disposal</h1> <h2 style="margin: 0;">BALTIMORE CITY HEALTH DEPARTMENT</h2> <h3 style="margin: 0;">CERTIFICATE OF DEATH</h3>		Registered No. 53 4138	
BIRTH NO. 4138 <i>Not Res.</i>			
1. NAME OF DECEASED (Type or Print) Baby Boy Nashiell		2. DATE OF DEATH APR 18 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Harford	
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Magnolia	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 6200	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 4-18-53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 26 4/5 If Under 1 Year Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME J. Irene ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS
18. 776 x 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rematunary (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-18-1953 to 4-19-1953 that I last saw the deceased alive on 4-18-1953 , and that death occurred at 12:18 Am. , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS JOHNS HOPKINS HOSPITAL	23c. DATE SIGNED 4/19/53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Harpers Chapel	24d. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS



MARGIN RESERVED FOR BINDING

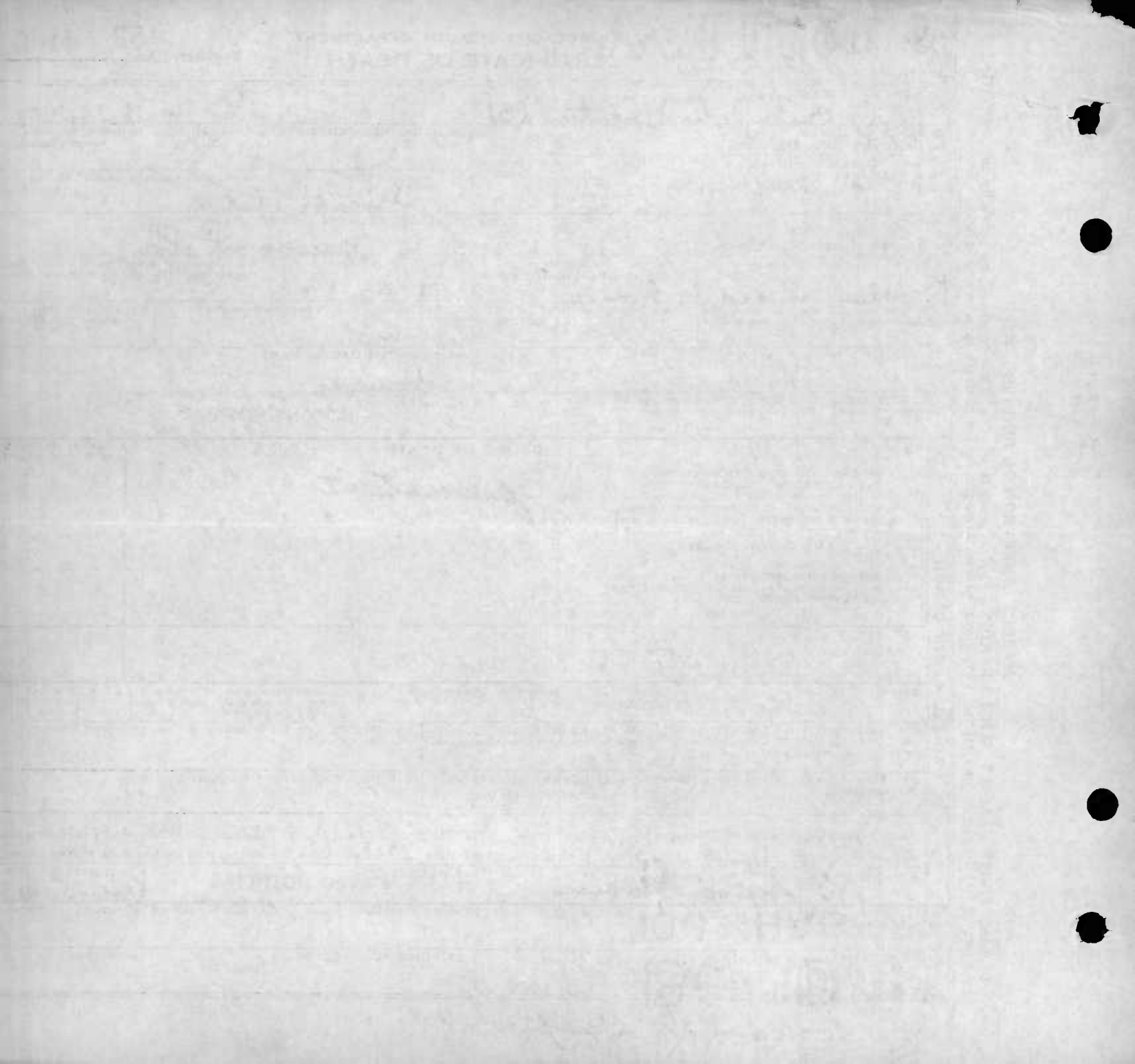
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 4139	
BIRTH NO. 53-09349 CERTIFICATE OF DEATH					
1. NAME OF DECEASED (Type or Print) Baby Girl Carter A			2. DATE OF DEATH April 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Howard C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellicott City D. STREET ADDRESS (If rural, give location) 65 New Court Road		
c. Length of stay in Baltimore			Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 4-23-53	9. AGE (in years last birthday) 2	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Blanche		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS JOHNS HOPKINS HOSPITAL		
18. 767.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH atelectasis		
ANTECEDENT CAUSES			prematurity		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH 2 days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-24-1953 to 4-25-1953, that I last saw the deceased alive on 4-25-1953 and that death occurred at 8:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Neal H. Lewis			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED April 25, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		(State)			
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	
Hospital Disposal Dr. Lewis - Assl. Res.					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

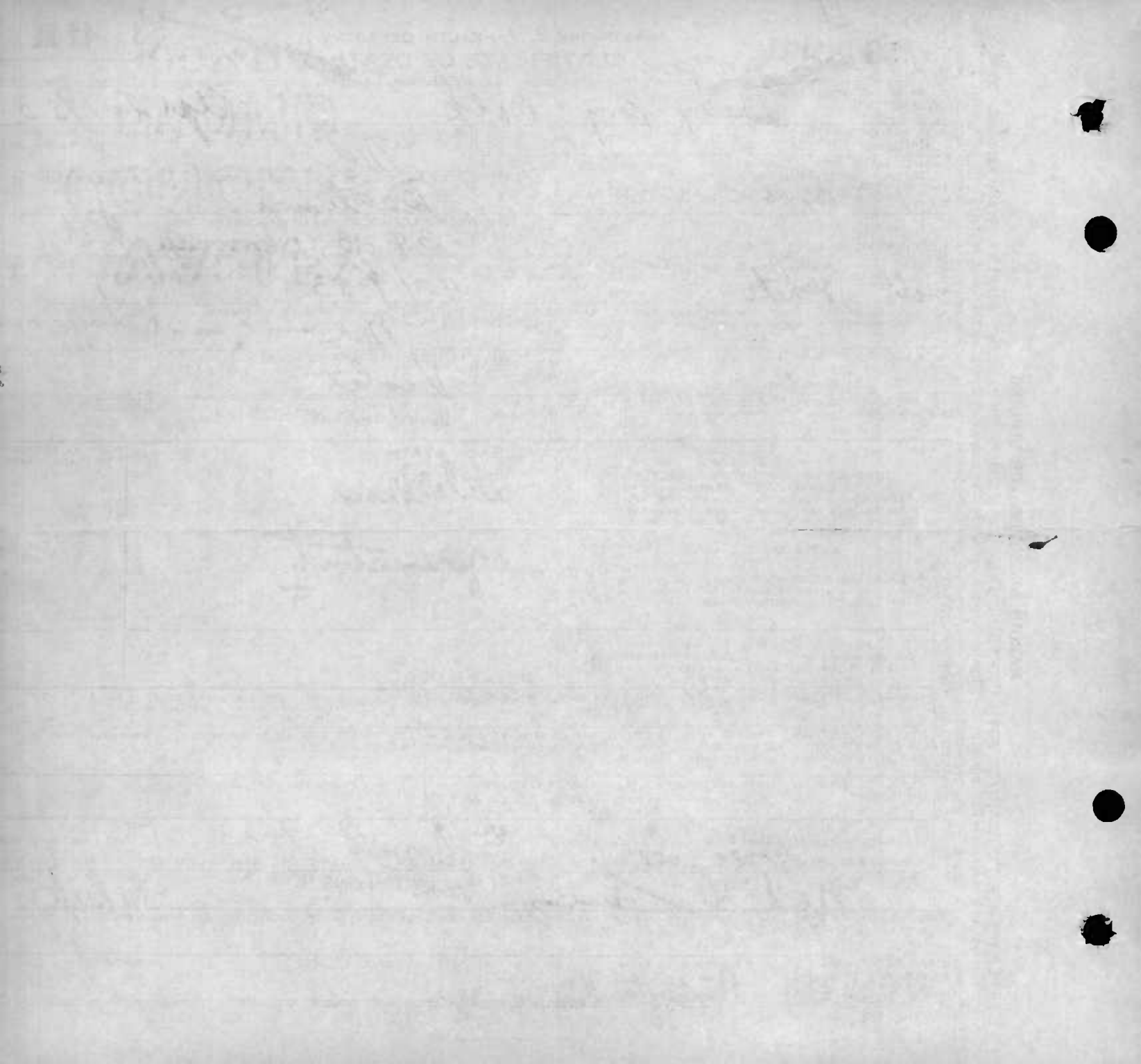
BALTIMORE CITY HEALTH DEPARTMENT				53 4140	
CERTIFICATE OF DEATH				Registered No. 53 4140	
BIRTH NO. 53-09350					
1. NAME OF DECEASED (Type or Print) <i>Babey Girl Carter (B)</i>			2. DATE OF DEATH <i>April 25, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>md.</i> B. COUNTY <i>Howard</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Ellicott City 6200</i>		
D. STREET ADDRESS (If rural, give location) <i>65 Newcount Rd.</i>					
c. Length of stay in Baltimore			Yrs. Mos. Days		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>4-23-53</i>	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>md.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME <i>Blanche</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		
18. <i>776 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>prematurity</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-24, 1953</i> to <i>4-25, 1953</i> , that I last saw the deceased alive on <i>4-25, 1953</i> , and that death occurred at <i>840 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. David Mosier</i> M. D.			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Apr 25 1953</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS	
VS 150 <i>Hospital Disposal</i>					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 4141
CERTIFICATE OF DEATH				Registered No.
BIRTH NO. <i>153-09210</i>		2. DATE OF DEATH <i>Apr 20-1953</i>		
1. NAME OF DECEASED (Type or Print) <i>Baby Boy Dolk</i>		3. PLACE OF DEATH:		
A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>		
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
5. SEX <i>male</i>		D. STREET ADDRESS (If rural, give location) <i>3433 Dunman Rd.</i>		
6. COLOR OF RACE <i>white</i>		8. DATE OF BIRTH <i>4-19-53</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday) <i>1</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <i>Md</i>		
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>Violet</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSP.</i>		ADDRESS		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <i>atelectasis</i>		
		(B) <i>prematurity</i>		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>4-19</i> , 19 <i>53</i> , to <i>4-20</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-20</i> , 19 <i>53</i> , and that death occurred at <i>7:50 A</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Neil H. Jones</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4/21/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county)		24E. LOCATION (State)		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR
VS 150				



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 4142

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BABY BOY ROSSON 'A'

2. DATE
OF
DEATH

APRIL 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

636 WILLOW AVE.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

APRIL 28, 1953

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.

12 15

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE S. ROSSON SR.

14. MOTHER'S MAIDEN NAME

DOLORES RAINE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 774X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

CARDIO RESPIRATORY FAILURE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

PREMATURITY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1953, to April 28, 1953, that I last saw the
deceased alive on April 28, 1953, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Martha Thomas - Certor

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

4-28-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-30-53

24C. NAME OF CEMETERY OR CREMATORY

New Catholic Cemetery Baltimore

24D. LOCATION (City, town, or county)

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles W. Cooklin 5844 Belair Rd

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1911

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH OF SPOUSE

NAME OF CHILD

DATE OF BIRTH OF CHILD

PLACE OF BIRTH OF CHILD

DATE OF DEATH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

PLACE OF BIRTH OF CHILD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4143BIRTH NO. 53 4143 33-095431. NAME OF DECEASED
(Type or Print)Baby Boy Rosson "B"2. DATE
OF
DEATH4/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Mary HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore 27-12

D. STREET ADDRESS (If rural, give location)

636 Willow Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

4/28/539. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Rosson

14. MOTHER'S MAIDEN NAME

Dolores Rame15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

774x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1953, to 4/28, 1953; that I last saw the
deceased alive on 4/28, 1953, and that death occurred at 7:15 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>	
<p>3. Age: _____</p>		<p>4. Date of birth: _____</p>	
<p>5. Place of birth: _____</p>		<p>6. Date of death: _____</p>	
<p>7. Cause of death: _____</p>		<p>8. Place of death: _____</p>	
<p>9. Signature of physician: _____</p>		<p>10. Signature of registrar: _____</p>	
<p>11. Date of registration: _____</p>		<p>12. Office of registration: _____</p>	

53

4144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4144

1. NAME OF DECEASED (Type or Print)			JAMES WEAVER			2. DATE OF DEATH Apr. 30, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION Earl Hotel-900 Cathedral St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 900 Cathedral St.					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6/23/1900			9. AGE (In years last birthday) 53		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night clerk			10B. KIND OF BUSINESS OR INDUSTRY Earl Hotel			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Weaver			14. MOTHER'S MAIDEN NAME Bessie Long			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mary R Weaver 900 Cathedral St		

18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Myocardial infarction		DUE TO			
ANTECEDENT CAUSES		(B) Coronary artery sclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED April 30, 1953	
24A. BURIAL. CREMATION. REMOVAL (Specify) Burial		24B. DATE 5/2/53		24C. NAME OF CEMETERY OR CREMATORY Woodrow	
24D. LOCATION (City, town, or county) (State) Paw Paw W. Va.		25. FUNERAL DIRECTOR		ADDRESS 390 FB	
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-635

53 4145
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4145
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Pearl Bratten</i>			2. DATE OF DEATH <i>Apr-28-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Marburg 2</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Worcester</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Pocomoke City</i>		
C. Length of stay in Baltimore Yrs. Mo. Days			D. STREET ADDRESS (If rural, give location) <i>116 Front St 7339</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>12-2-91</i>	9. AGE (In years last birthday) <i>61</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10. USUAL OCCUPATION (Give kind of work, showing most of working life, even retired) <i>Retired School Teacher</i>			11. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>William Bratten</i>			14. MOTHER'S MAIDEN NAME <i>Minnie Stevenson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>252.1 quad x60x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Unknown</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(B) <i>Thyroid Adenoma ? hyperthyroidism</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Diabetes mellitus & Hypertension & arteriosclerosis</i>		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>?? operation, removal of adenoma</i>			
19A. DATE OF OPERATION <i>4/28/53</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>thyroid Adenoma</i>	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *4-4-1953* to *4-28-1953*, that I last saw the deceased alive on *4-28-1953*, and that death occurred at *12 PM*, from the causes and on the date stated above

23A. SIGNATURE <i>Ethel Louise Ullman</i>	M. D.	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE, SIGNED <i>4/28/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/1/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Salem M. &</i>	24D. LOCATION (City, town, or county) (State) <i>Pocomoke Bay MD</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 30 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Edward J. Jensen</i>	ADDRESS <i>2503 Edmonby</i>

0938K

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4146

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Morris Robinson

2. DATE
OF
DEATH

4-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

C. Length of stay in Baltimore

50yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1026 W Saratoga Ave 23

5. SEX

Female

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 15-1890

9. AGE (In years
last birthday)

62 yr

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Selma Va

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Funstall Harris

14. MOTHER'S MAIDEN NAME

Mary Carterton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

William Harris - 727- George St.

ADDRESS

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Right Lobar Pneumonia

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Embolism; Atelectasis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1953, to April 28, 1953, that I last saw the
deceased alive on April 25, 1953, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Gilbert L. Banfield

M. D.

23B. ADDRESS

722 B. Fulton Ave

23C. DATE SIGNED

4/28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/29/53

24C. NAME OF CEMETERY OR CREMATORY

Int. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill, Md

(State)

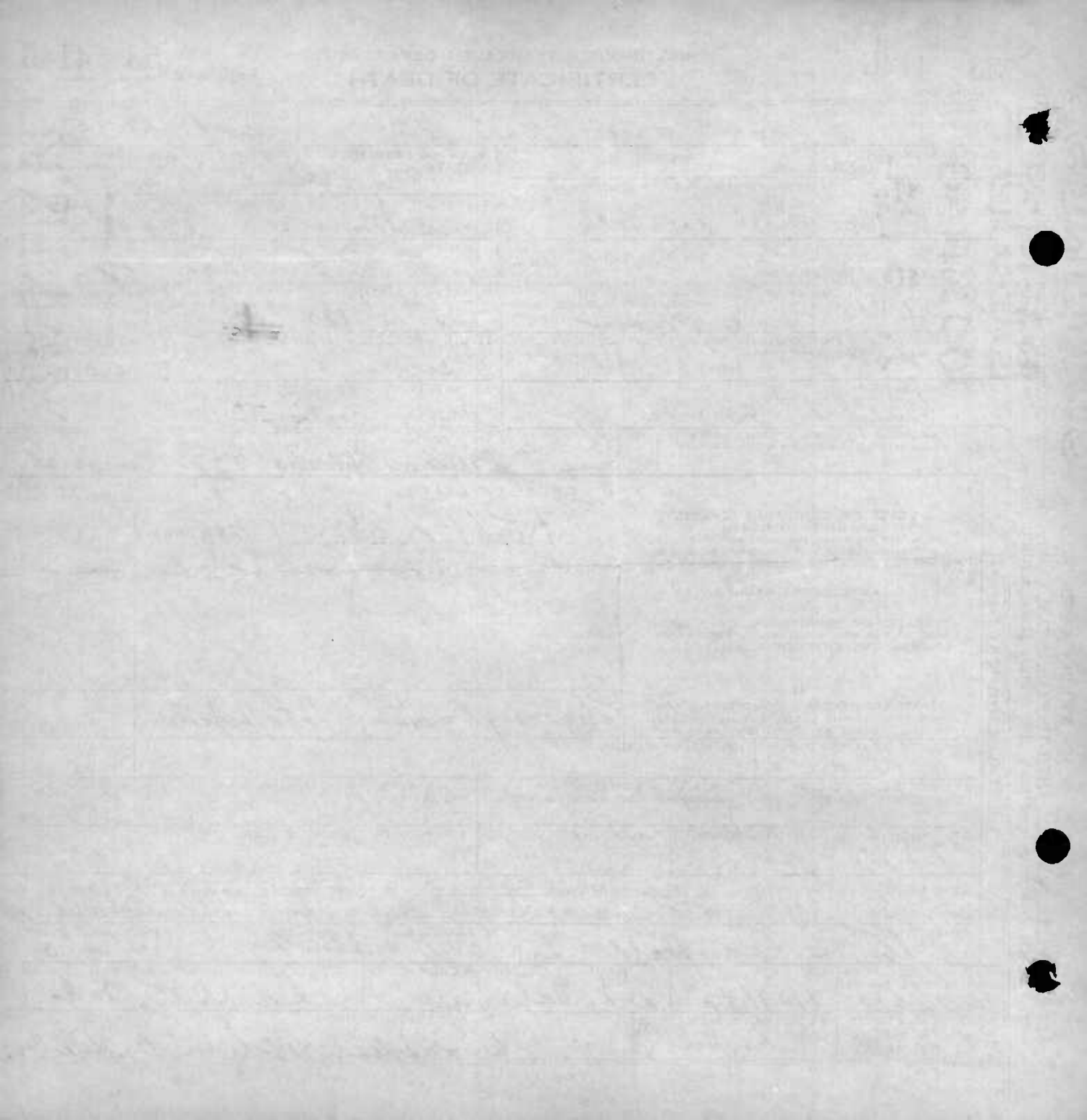
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Thelstead 918- Spruid Hill Rd.

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

P-626		BALTIMORE CITY HEALTH DEPARTMENT		53 4147	
53 4147		CERTIFICATE OF DEATH		Registered No. 53 4147	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) James A. Parker		2. DATE OF DEATH April-28-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1709 Washington Street		D. STREET ADDRESS (If rural, give location) 1709 Washinton Street		Yrs. Mos. Days	
c. Length of stay in Baltimore Life		5. SEX Male		6. COLOR OR RACE Col.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 7. 95		9. AGE (In years last birthday) 57	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skill Laborer		10B. KIND OF BUSINESS OR INDUSTRY Chemical Company		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unkown		14. MOTHER'S MAIDEN NAME Unkown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Viola Parker 1709 Washington Street	
18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary insufficiency DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT. Hypertrophic gastritis		INTERVAL BETWEEN ONSET AND DEATH 2 hours 16 mo. 16 mo.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-5-1954 to 4-28-1953 that I last saw the deceased alive on 4-17-1953 and that death occurred at 5:20 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Robert W. M. Daniel		23B. ADDRESS 607 N. Caroline St		23C. DATE SIGNED 4-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/2/1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Arburn Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		DATE RECEIVED BY LOCAL REGISTRAR 4-30-1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Brantley Ave		9704R	

CEMENTICOTE DE D'EAU

covering them

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-5 43 53 4148		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4148 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Frank Reynolds Jr.		April 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
JOHNS HOPKINS HOSPITAL		Md.		Baltimore 12-02 3203 N. Charles St.	
c. Length of stay in Baltimore		5. SEX		6. COLOR OR RACE	
Life		male		colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
married		2-13-1898		55	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Janitor		Apt. House		Howard Co. Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Frank Reynolds Sr.		Bessie Conway		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				JOHNS HOPKINS HOSPITAL	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Cerebral vascular accident		4 months	
ANTECEDENT CAUSES		(B) Hypertensive arteriosclerotic cardiovascular disease		years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
2/				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1, 1952, to 4-27, 1953, that I last saw the deceased alive on 4-27, 1953, and that death occurred at 4:15 P.M., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
		Carl H. Johnson		JOHNS HOPKINS HOSPITAL	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		4/30/1953		Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS		23C. DATE SIGNED	
Brooklyn Md.		Thayer, Wilson 1400 Bunting Ave		4/27/53	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 30 1953		Huntington Williams, M.D.			
VS 150		770 74			

27 June

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4149	
1. NAME OF DECEASED (Type or Print) Hattie Epps			2. DATE OF DEATH April-28-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1606 McElderry Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-05		
C. Length of stay in Baltimore 35 Yrs.			D. STREET ADDRESS (If rural, give location) 1606 McElderry Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25. 89	9. AGE (In years last birthday) 63	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maclenburg Va.	
13. FATHER'S NAME John Roberts			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
18. 176x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Squamous Cell Carcinoma of Vaginal Esophagus DUE TO Vault with Metastasis (B) Hypertension - Cardiac Failure DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH ?		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 15, 1953 to April 28, 1953 , that I last saw the deceased alive on April 28, 1953 , and that death occurred at 1230 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Hattie Epps		23B. ADDRESS 12024 Consluie N		23C. DATE SIGNED 4/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/2/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. FUNERAL DIRECTOR Chas. O. Wilson 1000 Benning Rd		24F. ADDRESS	

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>	
<p>2. Sex: _____</p>	
<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>	
<p>5. Place of death: _____</p>	
<p>6. Cause of death: _____</p>	
<p>7. Signature of physician: _____</p>	
<p>8. Signature of registrar: _____</p>	
<p>9. Signature of informant: _____</p>	
<p>10. Signature of medical examiner: _____</p>	
<p>11. Signature of coroner: _____</p>	
<p>12. Signature of funeral director: _____</p>	
<p>13. Signature of health officer: _____</p>	
<p>14. Signature of registrar: _____</p>	
<p>15. Signature of informant: _____</p>	
<p>16. Signature of medical examiner: _____</p>	
<p>17. Signature of coroner: _____</p>	
<p>18. Signature of funeral director: _____</p>	
<p>19. Signature of health officer: _____</p>	
<p>20. Signature of registrar: _____</p>	
<p>21. Signature of informant: _____</p>	
<p>22. Signature of medical examiner: _____</p>	
<p>23. Signature of coroner: _____</p>	
<p>24. Signature of funeral director: _____</p>	
<p>25. Signature of health officer: _____</p>	
<p>26. Signature of registrar: _____</p>	
<p>27. Signature of informant: _____</p>	
<p>28. Signature of medical examiner: _____</p>	
<p>29. Signature of coroner: _____</p>	
<p>30. Signature of funeral director: _____</p>	
<p>31. Signature of health officer: _____</p>	
<p>32. Signature of registrar: _____</p>	
<p>33. Signature of informant: _____</p>	
<p>34. Signature of medical examiner: _____</p>	
<p>35. Signature of coroner: _____</p>	
<p>36. Signature of funeral director: _____</p>	
<p>37. Signature of health officer: _____</p>	
<p>38. Signature of registrar: _____</p>	
<p>39. Signature of informant: _____</p>	
<p>40. Signature of medical examiner: _____</p>	
<p>41. Signature of coroner: _____</p>	
<p>42. Signature of funeral director: _____</p>	
<p>43. Signature of health officer: _____</p>	
<p>44. Signature of registrar: _____</p>	
<p>45. Signature of informant: _____</p>	
<p>46. Signature of medical examiner: _____</p>	
<p>47. Signature of coroner: _____</p>	
<p>48. Signature of funeral director: _____</p>	
<p>49. Signature of health officer: _____</p>	
<p>50. Signature of registrar: _____</p>	
<p>51. Signature of informant: _____</p>	
<p>52. Signature of medical examiner: _____</p>	
<p>53. Signature of coroner: _____</p>	
<p>54. Signature of funeral director: _____</p>	
<p>55. Signature of health officer: _____</p>	
<p>56. Signature of registrar: _____</p>	
<p>57. Signature of informant: _____</p>	
<p>58. Signature of medical examiner: _____</p>	
<p>59. Signature of coroner: _____</p>	
<p>60. Signature of funeral director: _____</p>	
<p>61. Signature of health officer: _____</p>	
<p>62. Signature of registrar: _____</p>	
<p>63. Signature of informant: _____</p>	
<p>64. Signature of medical examiner: _____</p>	
<p>65. Signature of coroner: _____</p>	
<p>66. Signature of funeral director: _____</p>	
<p>67. Signature of health officer: _____</p>	
<p>68. Signature of registrar: _____</p>	
<p>69. Signature of informant: _____</p>	
<p>70. Signature of medical examiner: _____</p>	
<p>71. Signature of coroner: _____</p>	
<p>72. Signature of funeral director: _____</p>	
<p>73. Signature of health officer: _____</p>	
<p>74. Signature of registrar: _____</p>	
<p>75. Signature of informant: _____</p>	
<p>76. Signature of medical examiner: _____</p>	
<p>77. Signature of coroner: _____</p>	
<p>78. Signature of funeral director: _____</p>	
<p>79. Signature of health officer: _____</p>	
<p>80. Signature of registrar: _____</p>	
<p>81. Signature of informant: _____</p>	
<p>82. Signature of medical examiner: _____</p>	
<p>83. Signature of coroner: _____</p>	
<p>84. Signature of funeral director: _____</p>	
<p>85. Signature of health officer: _____</p>	
<p>86. Signature of registrar: _____</p>	
<p>87. Signature of informant: _____</p>	
<p>88. Signature of medical examiner: _____</p>	
<p>89. Signature of coroner: _____</p>	
<p>90. Signature of funeral director: _____</p>	
<p>91. Signature of health officer: _____</p>	
<p>92. Signature of registrar: _____</p>	
<p>93. Signature of informant: _____</p>	
<p>94. Signature of medical examiner: _____</p>	
<p>95. Signature of coroner: _____</p>	
<p>96. Signature of funeral director: _____</p>	
<p>97. Signature of health officer: _____</p>	
<p>98. Signature of registrar: _____</p>	
<p>99. Signature of informant: _____</p>	
<p>100. Signature of medical examiner: _____</p>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-410
53 4150BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4150

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John P. Calopy

2. DATE
OF
DEATH

April 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-07

D. STREET ADDRESS (If rural, give location)

1529 Stonewood Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

4-10-78

9. AGE (In years, last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dealer

10B. KIND OF BUSINESS OR INDUSTRY

Furniture

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Timothy Calopy

14. MOTHER'S MAIDEN NAME

Theresa Doyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT JOHNS HOPKINS HOSPITAL

18. 162x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchogenic carcinoma

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1953, to 4-29, 1953, that I last saw the deceased alive on 4-29, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-29-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

4/30/53

24C. NAME OF CEMETERY OR CREMATORY

New London Catholic Cem.

24D. LOCATION (City, town, or county)

New London, Ohio

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

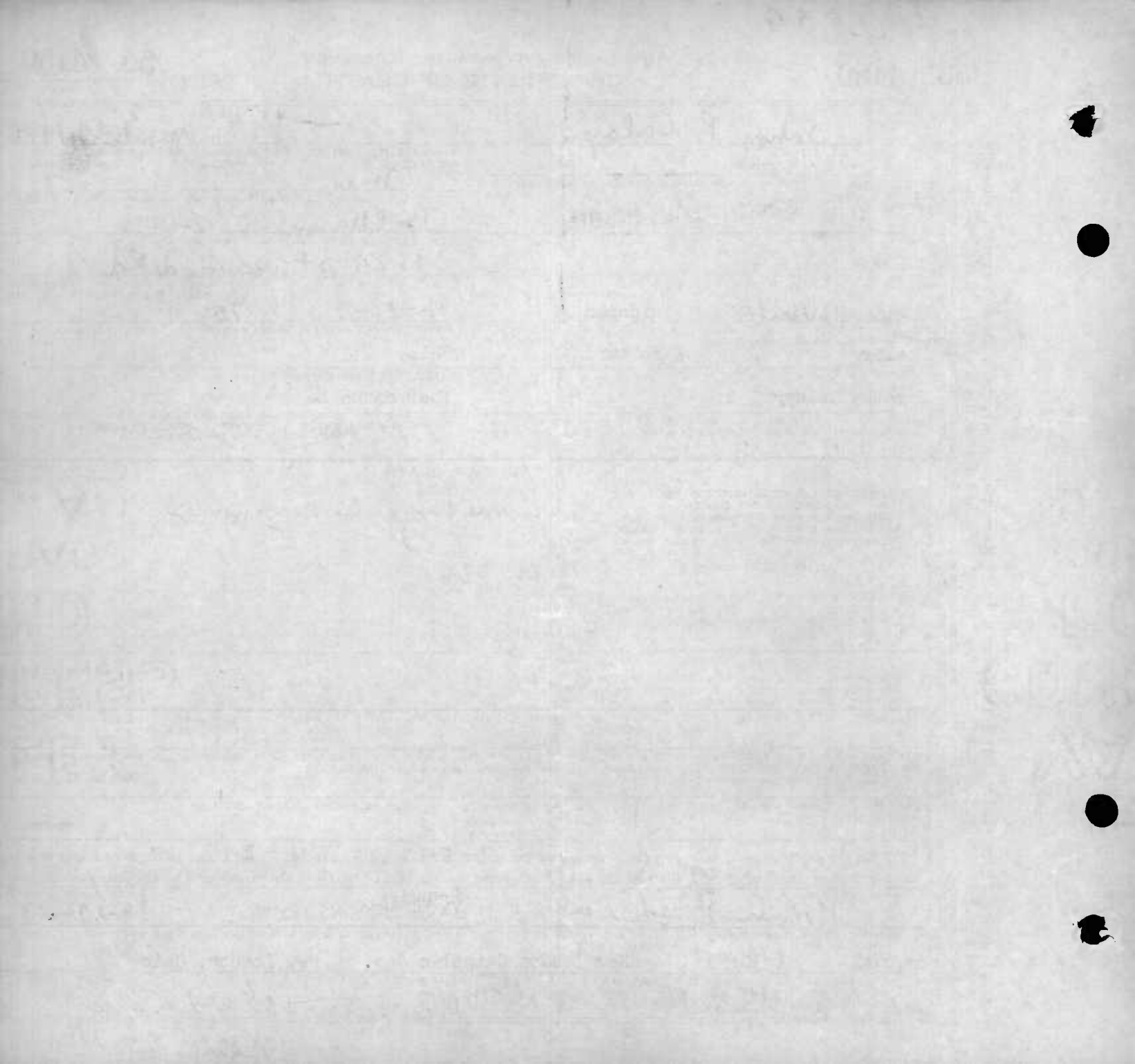
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

St. M. J. Pickens & Sons

ADDRESS

Baths. 17, Md.



MARGIN RESERVED FOR BINDING

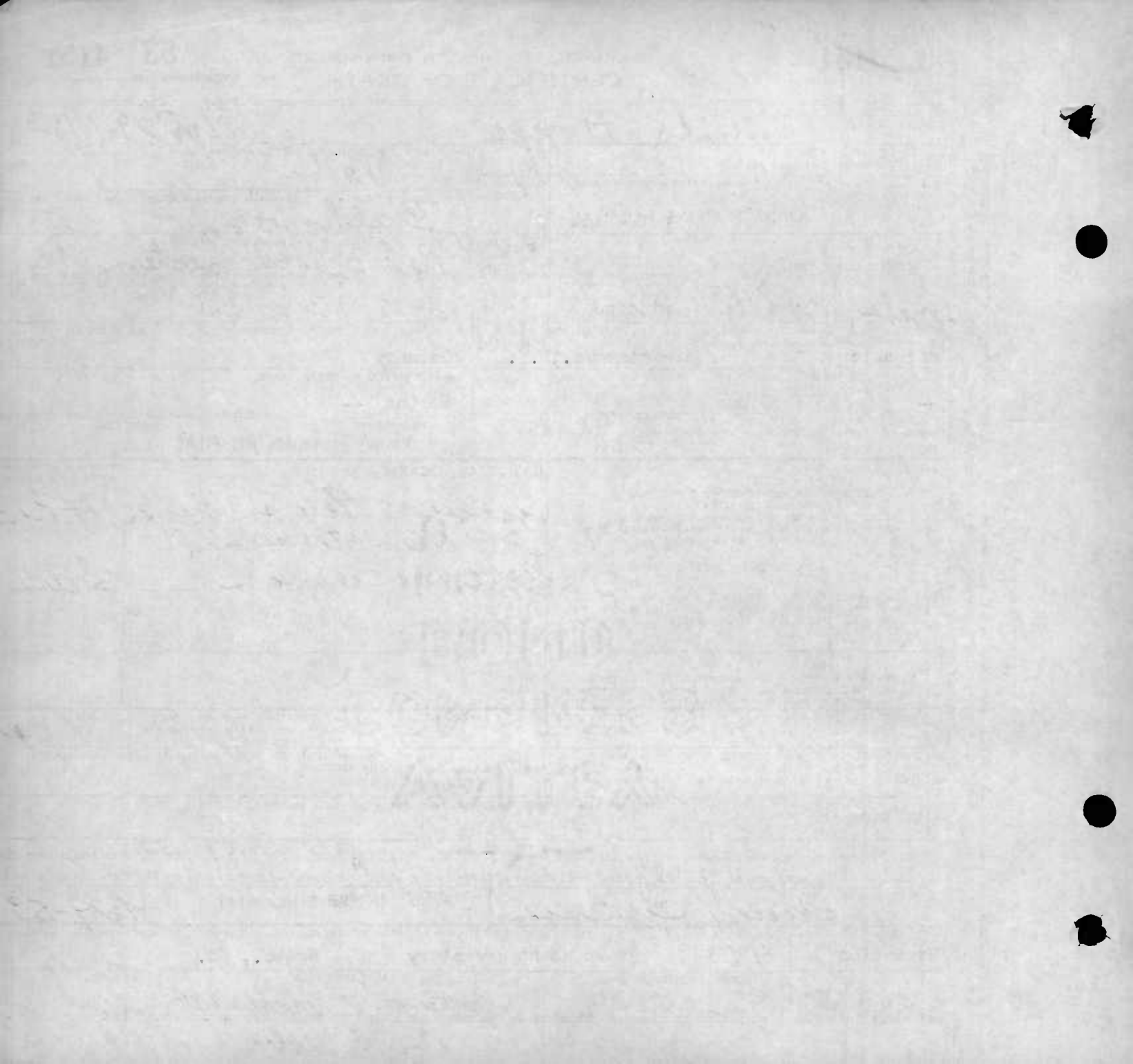
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-100
53 4151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4151
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Emil Hoppe</i>		2. DATE OF DEATH <i>Apr. 29-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.M.C. and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1623 Old Eastern Ave.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>3-5-73</i>	9. AGE (In years, last birthday) <i>80</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mechanic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Brewster Co., N.Y.</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>-- Hoppe</i>		14. MOTHER'S MAIDEN NAME <i>Bertha --</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO <i>Site Undetermined</i> (B) <i>Arteriosclerosis</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>14 hrs</i> <i>years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-28-1953</i> to <i>4-29-1953</i> , that I last saw the deceased alive on <i>4-29-1953</i> , and that death occurred at <i>7:45 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>David Lukens</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-29-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24B. DATE <i>5/1/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount Crematory</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Lukens & Sons</i> <i>Balto 17, Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Lukens & Sons</i> <i>Balto 17, Md.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N. 425 53 4152		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4152 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Jehk A. Nelson		Apr. 29-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Linden			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 320 E. Blane St			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4-3-51	9. AGE (In years last birthday) 2	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Jersey	
13. FATHER'S NAME Charles Nelson		14. MOTHER'S MAIDEN NAME Doris Lowell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 355X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Status Epilepticus DUE TO (B) Possible cerebral degenerative disease DUE TO (C) cerebral anoxia		INTERVAL BETWEEN ONSET AND DEATH 6 days 4 months 12 hours	
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK AT NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-28-1953 to 4-29-1953, that I last saw the deceased alive on 4-29-1953, and that death occurred at 8:41 A. M., from the causes and on the date stated above					
23A. SIGNATURE Anthony Perlmutter M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 4/30/53		24C. NAME OF CEMETERY OR CREMATORY GraceLand Mem. Pk.	
24D. LOCATION (City, town, or county) (State) Kenilworth, N. J.		DATE RECEIVED BY LOCAL REGISTRAR APR 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR William J. Dickner & Sons		ADDRESS			

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

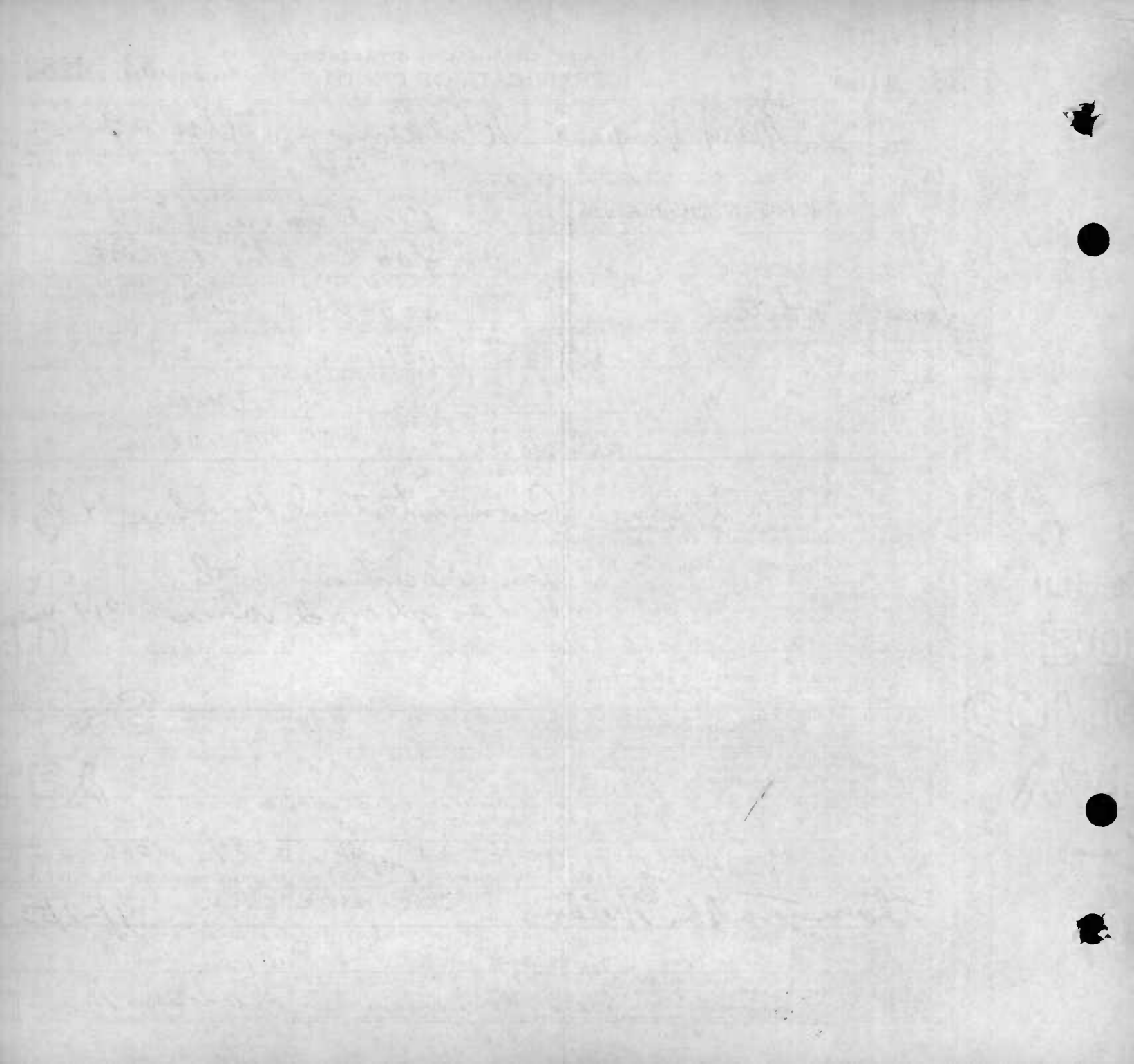
W-425

53 4153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4153

1. NAME OF DECEASED (Type or Print) <i>Mary Virginia Wilkinson</i>		2. DATE OF DEATH <i>Apr - 29 - 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>Baltimore</i>	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) <i>900 Chestnut Hill Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>6-5-05</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>INSURANCE Md.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Casualty Co</i>	
11. BIRTHPLACE (State or foreign country) <i>BALTIMORE Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Thomas S. WILKINSON</i>		14. MOTHER'S MAIDEN NAME <i>Mary V. M^cDANIEL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>212-10-3533</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>581.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Gastro-intestinal hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Loeffer's cirrhosis with esophageal varices</i>		DUE TO <i>? 14 mo.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>2</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-25</i> , 19 <i>53</i> , to <i>4-29</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-29</i> , 19 <i>53</i> , and that death occurred at <i>1:15</i> pm., from the causes and on the date stated above.			
23A. SIGNATURE <i>Thomas Franklin Wilkins, M.D.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>4/29/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5-2-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Park</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Leonard J. Ruck-5305 Harford</i>		ADDRESS	



CERTIFICATE CORRECTED

5-11-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 4154**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William John Trageser

2. DATE OF DEATH **April 29, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4821 Belair Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4821 Belair Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug. 19, 1875

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Rice's

10B. KIND OF BUSINESS OR INDUSTRY
Bakery

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Trageser

14. MOTHER'S MAIDEN NAME

Catherine Sommers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Minnie Trageser, 4821 Belair Rd

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis approx. 12 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis, coronary

DUE TO

(C)

Generalized Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 29, 1953** to **April 29, 1953**, that I last saw the deceased alive on **April 29, 1953** and that death occurred at **9:15 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

5101 Belair Rd.

23C. DATE SIGNED

4/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-4-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Baltimore, Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Sevelik
4200 Parkwood Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-326
53 4155
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 53 4155

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **AMELIA DOETZER**

2. DATE OF DEATH **4/29/53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Anne Arundel**

5. FULL NAME OF HOSPITAL OR INSTITUTION **University Hospital**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Linthicum 5200

7. STREET ADDRESS (If rural, give location)
154 Old Annapolis Rd

8. Length of stay in Baltimore **62 61** Yrs. Mos. Days

9. SEX **Female** 10. COLOR OR RACE **White** 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

12. DATE OF BIRTH **1/30/92** 13. AGE (In years last birthday) **61** 14. Under 1 Year Months Days 15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machine operator** 17. KIND OF BUSINESS OR INDUSTRY **Shirt Factory**

18. BIRTHPLACE (State or foreign country) **Md.** 19. CITIZEN OF WHAT COUNTRY? **U. S. A.**

20. FATHER'S NAME **Henry Haiss** 21. MOTHER'S MAIDEN NAME **ANNIE SUNEYsburg**

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) _____

23. SOCIAL SECURITY NO. **112-05-7856** 24. INFORMANT **FRANK DOETZER 301** ADDRESS **M. Linthicum**

25. CAUSE OF DEATH
18. **420.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Myocardial Infarction
19. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

26. INTERVAL BETWEEN ONSET AND DEATH _____

27. 19A. DATE OF OPERATION **0** 28. 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED _____ 29. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II _____ 30. 20. AUTOPSY? YES ☐ NO ☐

31. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐ 32. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 33. 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? _____

34. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 35. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 36. 21F. HOW DID INJURY OCCUR? _____

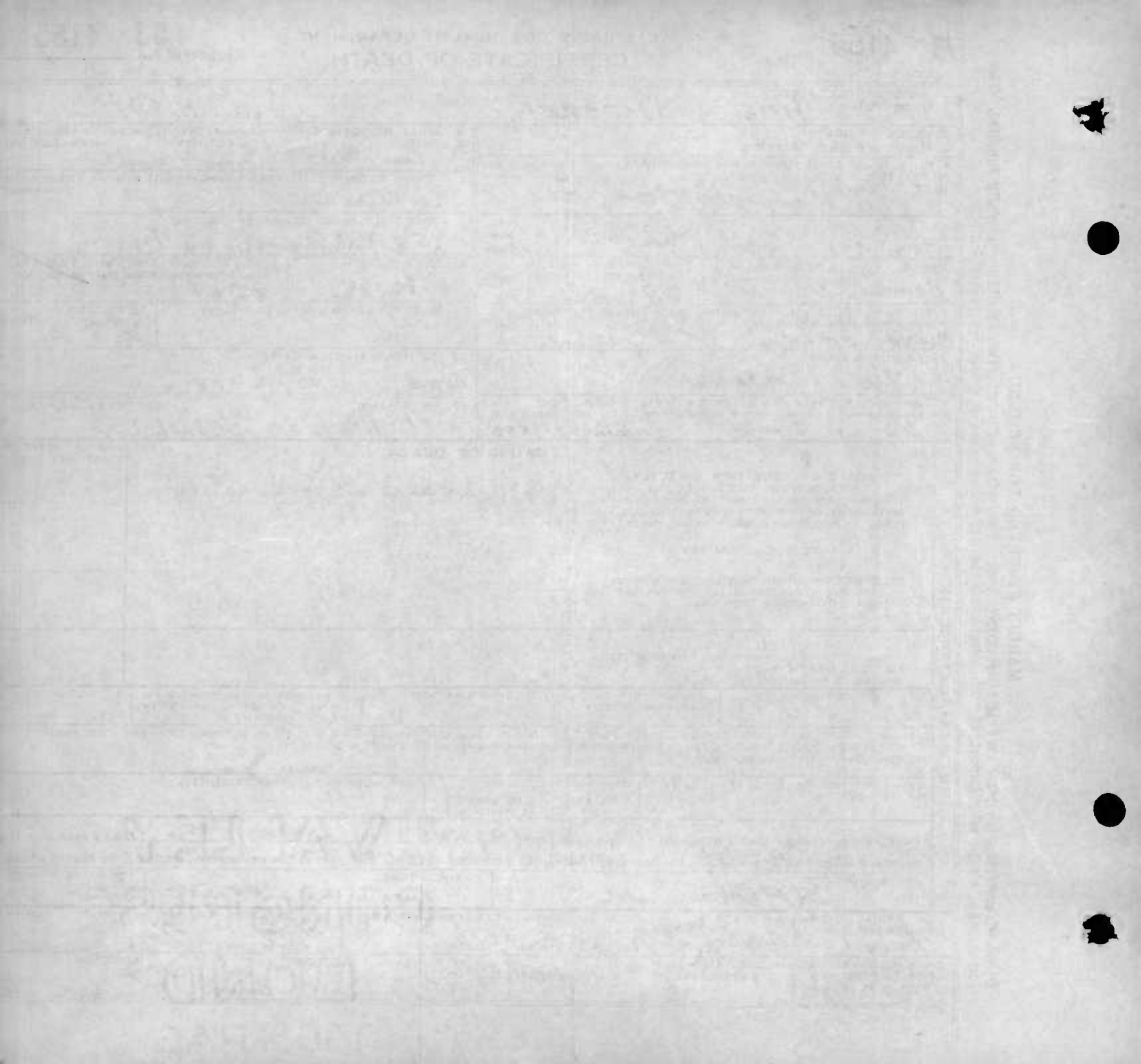
37. 22. I hereby certify that I attended the deceased from **4/29/53**, 19____, to **4/29/53**, 19____, that I last saw the deceased alive on **4/29/53**, 19____, and that death occurred at **1:20 P.m.**, from the causes and on the date stated above.

38. 23A. SIGNATURE **Dr. Adlberger** M. D. 39. 23B. ADDRESS **University Hosp.** 40. 23C. DATE SIGNED **4/29**

41. 24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 42. 24B. DATE **May 2, 1953** 43. 24C. NAME OF CEMETERY OR CREMATORY **London Park** 44. 24D. LOCATION (City, town, or county) (State) **Baltimore Maryland**

45. DATE RECEIVED BY LOCAL REGISTRAR **APR 30 1953** 46. REGISTRAR'S SIGNATURE **Huntington** 47. 25. FUNERAL DIRECTOR **E. Trueman Schuch** ADDRESS **3512 Frederick Ave**

VS 150
690-46



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4156

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah E. Hammond

2. DATE OF DEATH 4/28/53 10:40 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

57 E. Heath St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

57 E. Heath St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/17/1875

9. AGE (in years last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Timothy O'Neil

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marguerite Clardy 51 E. Heath St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anterior sclerotic Cordic Knots 4 Months

DUE TO

Dissemination

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1953 to 4/28 53, that I last saw the deceased alive on 4/28 53, and that death occurred at P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

107 E. West St. (30)

4/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/2/53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glenburnie A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 30 1953

Huntington Williams, N. York - COK Inc. 1217 St. Paul St

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Immediate cause</p>		<p>9. Underlying cause</p>	
<p>10. Manner of death</p>		<p>11. Signature of physician</p>		<p>12. Signature of registrar</p>	
<p>13. Signature of informant</p>		<p>14. Date of registration</p>		<p>15. Place of registration</p>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4157**

 BIRTH NO. **53 4157**

1. NAME OF DECEASED (Type or Print) HARRY HARP Sr.			2. DATE OF DEATH April 30, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hosp.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-04		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 1838 Carnoy St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8/25/99		9. AGE (in years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) W. Md. Railway			10b. KIND OF BUSINESS OR INDUSTRY yard brakeman		11. BIRTHPLACE (State or foreign country) Baltimore Md.
13. FATHER'S NAME Marion Harp			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown			14. MOTHER'S MAIDEN NAME Hella Owens		16. SOCIAL SECURITY NO. —
17. INFORMANT Hospital records.			ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 34 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 29, 1953 to April 30, 1953 , that I last saw the deceased alive on April 30, 1953 and that death occurred at 10:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE J. J. Liddan		23b. ADDRESS Mercy Hosp.		23c. DATE SIGNED 4/30/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/4/53		24c. NAME OF CEMETERY OR CREMATORY Landon Park Cem.	
24d. LOCATION (City, town, or county) (State) 3901 Frederick Ave		24e. DATE RECEIVED BY LOCAL REGISTRAR APR 30 1953		24f. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24g. FUNERAL DIRECTOR John J. Cowan & Son		24h. ADDRESS St. Hollins		24i. SIGNATURE 62450	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

B-620 53 4158 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4158	
1. NAME OF DECEASED (Type or Print) <i>Horace McKinley</i> BROOKS			2. DATE OF DEATH <i>Apr. 24, 1953</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Balto. Gen. Hosp.</i>			c. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i> <i>23-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>911 Sharp Street</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>12/25/1896</i>	9. AGE (In years last birthday) <i>56</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>St Michael Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>P</i>			14. MOTHER'S MAIDEN NAME <i>Adeline Moore</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>		(If yes, give war or dates of service) <i>WW I</i>	16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Joseph Moore 807 W. Mulberry St</i>
18. <i>581.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Fatty infiltration of liver</i> DUE TO <i>Chronic alcoholism</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B)</i> <i>(C)</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE <i>R. F. Fisher</i>		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED <i>Apr. 24, 1953</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>5/1/1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Balto. National</i>	24d. LOCATION (City, town, or county) (State) <i>Balto Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 30 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. W. Williams</i>		ADDRESS <i>822</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-320
53 4159
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4159

1. NAME OF DECEASED (Type or Print) <i>Archibald Gaddis</i>			2. DATE OF DEATH <i>April 26, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Hal 28</i>			4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>md.</i> B. COUNTY <i>14-05</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, give rural and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2101 McCulloch St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	B. DATE OF BIRTH <i>1-30-93</i>	9. AGE (In years last birthday) <i>60</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mortician</i>			11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Lebanon Gaddis</i>			14. MOTHER'S MAIDEN NAME <i>Emma Wardell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
			17. INFORMATION ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I <i>Carcinoma of Esophagus</i> DUE TO CAUSE OF DEATH <i>Years</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>4-23-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Ca of Esophagus</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-10</i> , 1953, to <i>4-26</i> , 1953, that I last saw the deceased alive on <i>4-25</i> , 1953, and that death occurred at <i>12:45 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jerome Harold Kay MD.</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-26-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4/30/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Wt. Union Cem</i>	24D. LOCATION (City, town, or county) <i>Balto. Md.</i>	(State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Mr. Katie R. Williams</i> <i>Schroeder St</i>	

0548F

IN SENATE,
January 15, 1901.

REPORT OF THE
COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE YEAR 1900.

ALBUQUERQUE, N. M.

1901.

PRINTED BY THE

GOVERNMENT PRINTING OFFICE

WASHINGTON, D. C.

1901.

4-2-10

1901.

1901.

1901.

1901.

1901.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB 169826
13-6000
BIRTH NO. 4160BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4160

1. NAME OF DECEASED (Type or Print) Joseph Rorie			2. DATE OF DEATH April 26-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 17-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 10yrs.			D. STREET ADDRESS (If rural, give location) 807 George St. zone 1		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 27-1910	9. AGE (In years last birthday) 43	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME John Rorie (Dec.)			14. MOTHER'S MAIDEN NAME Lucinda ? (Dec.)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.					

18. 340.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Multiple Brain Abscesses DUE TO Lepto-meningitis		INTERVAL BETWEEN ONSET AND DEATH 4 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 4-25	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-25**, 19**53** to **4-26**, 19**53**, that I last saw the deceased alive on **4-26**, 19**53**, and that death occurred at **5.20 PM**, from the causes and on the date stated above.

23A. SIGNATURE **Dr. John Rorie** M. D. **4940 Eastern Ave., Baltimore, Md.** 23B. ADDRESS 23C. DATE SIGNED **4-27-1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped	24B. DATE 4/30/1953	24C. NAME OF CEMETERY OR CREMATORY High Point N.C.	24D. LOCATION (City, town, or county) (State) High Point N.C.
DATE RECEIVED BY LOCAL REGISTRAR APR 30 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. H. Williams	ADDRESS 94055

VS 150

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251

— — — — —

53 4161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4161
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Eliza Martin

2. DATE
OF
DEATH

April 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

105 N. Fulton Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

105 N. Fulton Ave

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 4, 1882

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Littleton N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ferris Eaton

14. MOTHER'S MAIDEN NAME

Rebecca Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Clinton Martin

ADDRESS

105 N. Fulton Ave

18. 593X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

(C) DUE TO

Nephritis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1952 to April 28, 1953, that I last saw the deceased alive on April 27, 1953, and that death occurred at 7:59P m., from the causes and on the date stated above.

23A. SIGNATURE

George B. Adams

M. D.

23B. ADDRESS

2327 av. north

23C. DATE SIGNED

4-29-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/1/1953

24C. NAME OF CEMETERY OR CREMATORY

Littleton N.C.

24D. LOCATION (City, town, or county)

Littleton N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie Williams

ADDRESS

322 N. Schwenker St.

101

RECEIVED BY THE DIRECTOR
OF THE BUREAU OF THE
MAY 10 1964

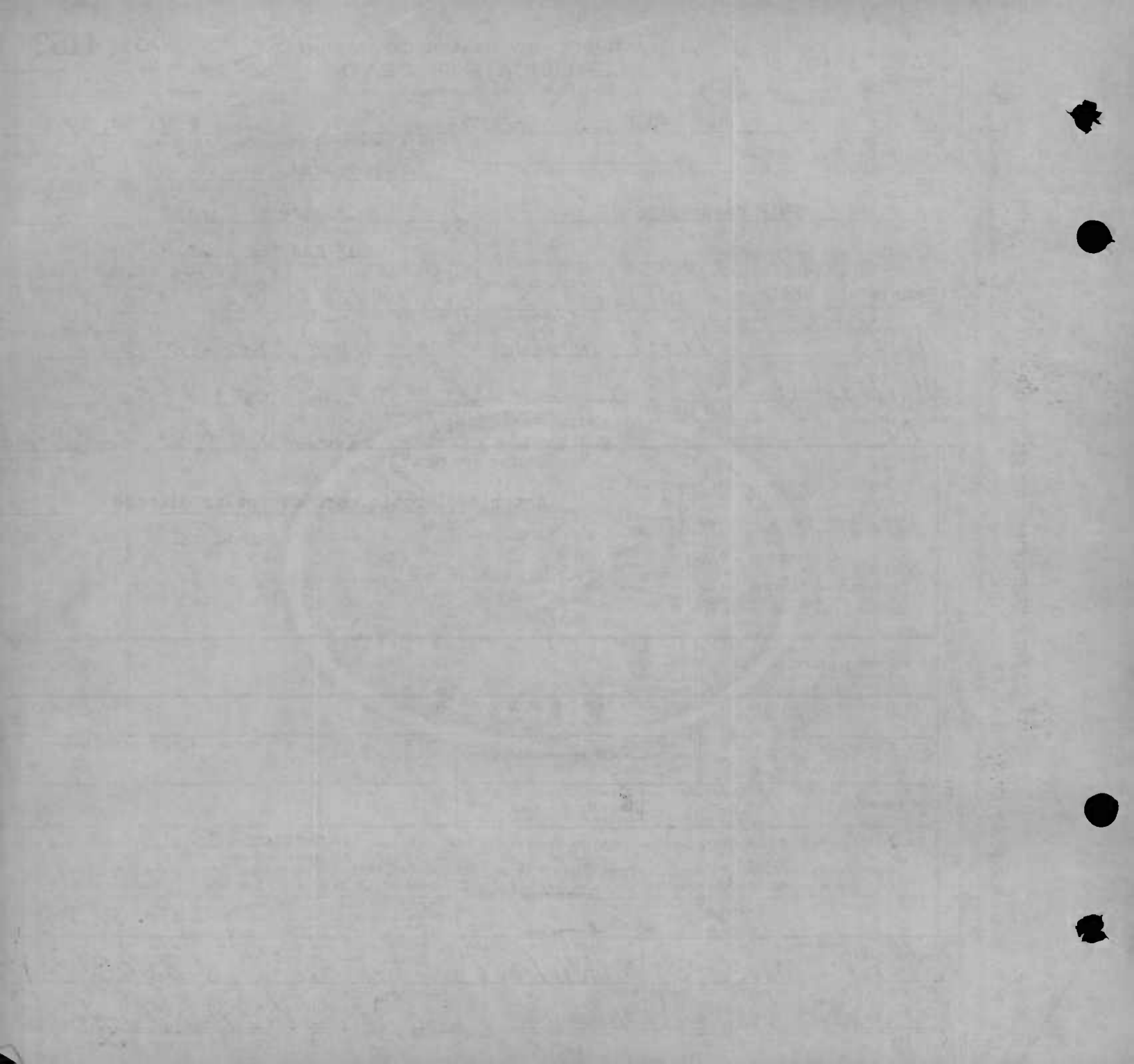
101



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4162 Registered No.
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH	
ROSE S. SHRIVER			April 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE	
2915 Keswick Road			Maryland	
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
			Baltimore	
			D. STREET ADDRESS (If rural, give location)	
			2915 Keswick Road	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)
Female	White	Widow	July 14, 1879	73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse		Private Nursing	Freeland, Md. R.D. 4	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
William J. Spicer			Emma Olegath	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
No			Harry Shriver - Freeland Md. R.D. 4	
18. 42211 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH	
			(A) Arteriosclerotic cardiovascular disease	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION			20. AUTOPSY?	
19B. MAJOR FINDINGS OF OPERATION			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED
R. F. Fisher		M.D.		Apr. 30, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
Burial	May 3, 1953	Middletown Cemetery	Freeland, Balt. Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 30 1953	Huntington Williams, M.D.		Jacob Hartman, New Freedom, Pa.	
VS 151 05885				



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-200
53 4163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4163

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John Lisy</i>		2. DATE OF DEATH <i>Apr. 30-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Thayer 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>New Jersey</i> B. COUNTY <i>V-27</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Somerville</i> D. STREET ADDRESS (If rural, give location) <i>17 Van Buren St</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10-20-17</i>	9. AGE (In years last birthday) <i>35</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer-Research</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>New Jersey</i>	
13. FATHER'S NAME <i>Phillip Lisy</i>		14. MOTHER'S MAIDEN NAME <i>Beatrice Luvansky</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS	

18. <i>201X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hodgkin's Disease</i>		CAUSE OF DEATH (A) <i>Hodgkin's Disease</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>4-7</i> , 19 <i>53</i> , to <i>4-30</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-30</i> , 19 <i>53</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above							
23A. SIGNATURE <i>Norman S. Shaver</i> M. D.				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>				23C. DATE SIGNED <i>4-30-53</i>	

24A. BURIAL CREMATION, REMOVAL (Specify)		24B. DATE <i>April 30, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bound Brook Cemo</i>		24D. LOCATION (City, town, or county) (State) <i>Bound Brook, New Jersey</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 1 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		FURNERAL DIRECTOR <i>Wm. J. Lechner & Sons per Raymond J. Curran</i>		ADDRESS	

0498Y

Journal of the
American
Geographical Society
Vol. 1, No. 1, 1891
Published by the
American Geographical Society
New York

A 450

53 4164

53 4164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARGARET ALLEN			2. DATE OF DEATH APR. 30, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-02		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) TEMPLE COURT APTS.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH JUL 27, 1904	9. AGE (In years last birthday) 48	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REGISTERED NURSE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN H. ALLEN			14. MOTHER'S MAIDEN NAME IDA B. CHANELL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. CLYDE H. STEWARD FAWN GROVE, PA.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MULTIPLE PULMONARY EMBOLI & PNEUMONIA	CAUSE OF DEATH (A) MULTIPLE PULMONARY EMBOLI & PNEUMONIA DUE TO	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. MURAL THROMBUS	(B) MURAL THROMBUS DUE TO	UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PANCARDITIS CAUSE UNKNOWN	(C) PANCARDITIS CAUSE UNKNOWN	2 weeks

19A. DATE OF OPERATION ✓	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **APR. 20, 1953** to **APR. 30, 1953**, that I last saw the deceased alive on **APR. 30, 1953**, and that death occurred at **4:10 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE E. E. Grinnell Jr.	23B. ADDRESS UNION MEMORIAL HOSP.	23C. DATE SIGNED APR. 30, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 5-3-53	24C. NAME OF CEMETERY OR CREMATORY FAWN GROVE
		24D. LOCATION (City, town, or county) (State) FAWN GROVE, YORK CO., PA.

DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Kenneth W. Orshman Stewart
---	---	---

VS 150

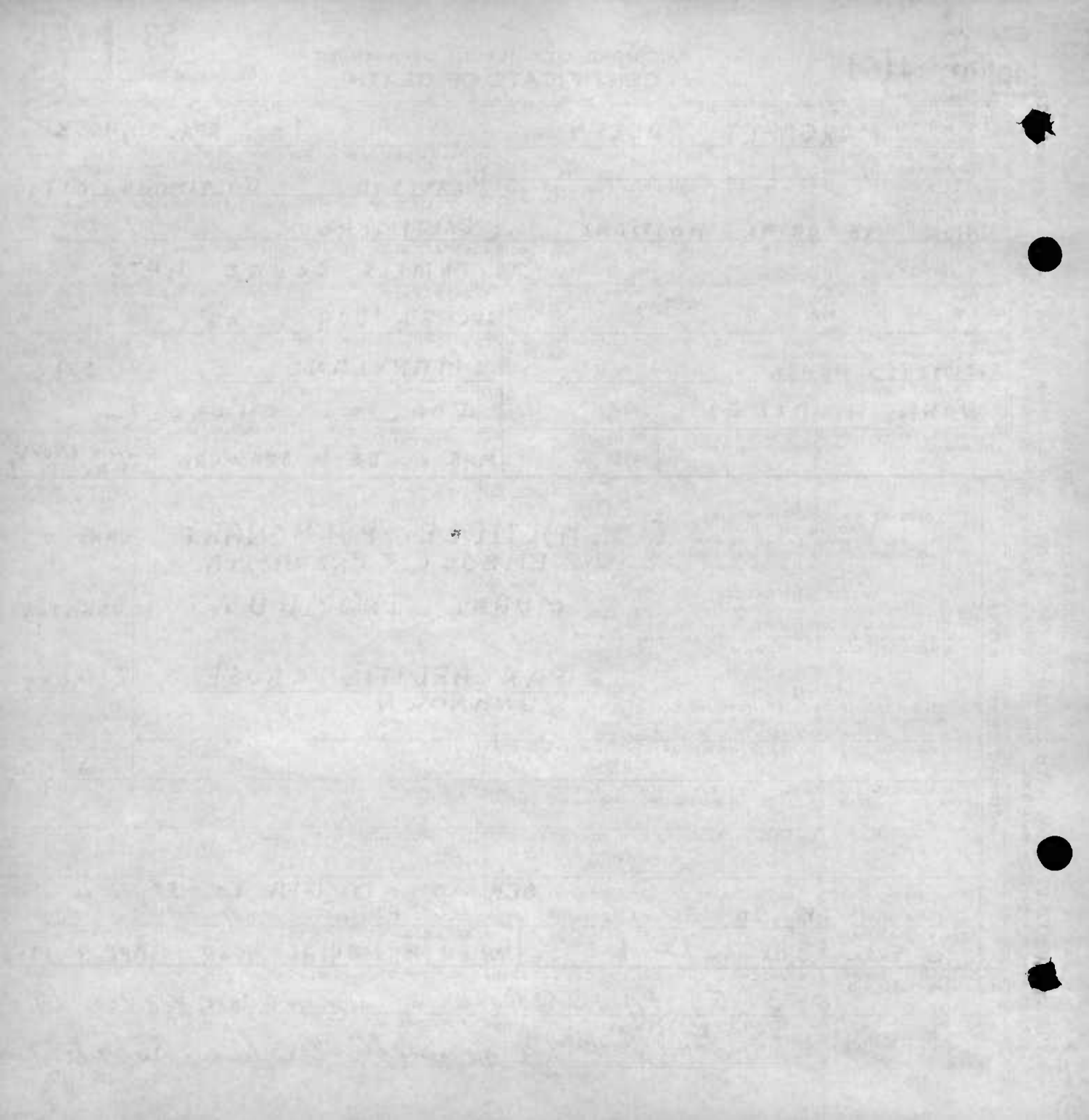
05885

Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 416553 4165
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>MILDRED WEISKITTEL DENNY</u>			2. DATE OF DEATH <u>APRIL 28, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>UNION MEMORIAL HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 27-11</u>		
c. Length of stay in Baltimore <u>LIFETIME</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>101 OVERHILL ROAD</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 26, 1899</u>	9. AGE (In years last birthday) <u>53</u>	10 Under 1 Year Months Days 11 Under 1 Year Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>
13. FATHER'S NAME <u>HARRY C. WEISKITTEL</u>			14. MOTHER'S MAIDEN NAME <u>DAISY GRUMBINE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>UNKNOWN</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Dr. Walter L. Denny</u> <u>101 Overhill Road</u>			ADDRESS		

18. 416x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) PULMONARY EDEMA20 HOURS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CHRONIC CONGESTIVE FAILURE

DUE TO

(C) RHEUMATIC HEART DISEASE

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from APRIL 17, 1953, to APRIL 27, 1953, that I last saw the deceased alive on APRIL 27, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED
APRIL 29, 1953

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

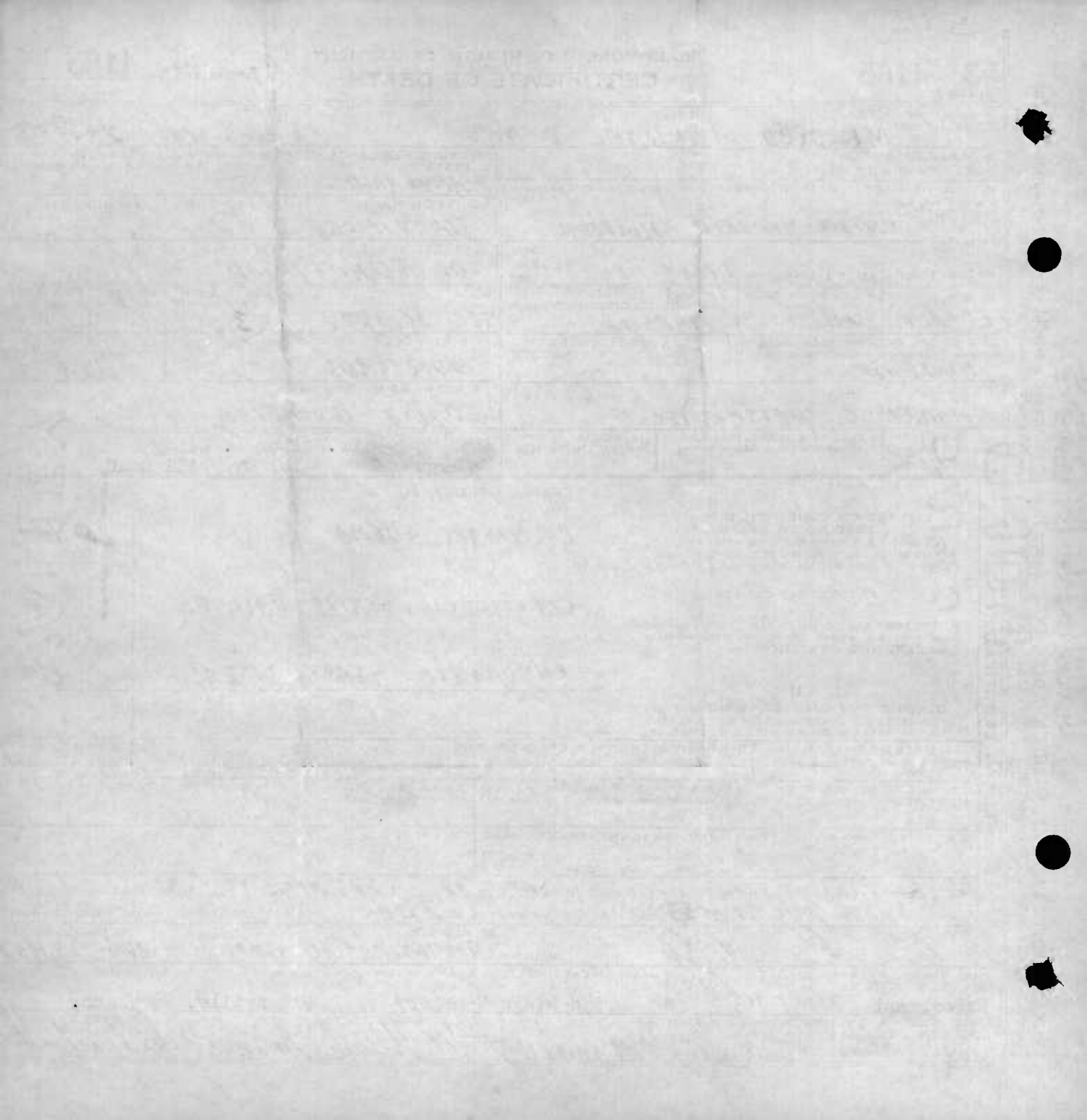
24D. LOCATION (City, town, or county) (State)

Entombment5/1/53Druid Ridge CemeteryPikesville, Maryland.DATE RECEIVED BY LOCAL REGISTRAR
MAY 1 1953

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4166

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herman Quitt

2. DATE OF DEATH

4/29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Swain Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-03

D. STREET ADDRESS (If rural, give location)

2916 Forrest Glen Road

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

4/4/18

9. AGE (In years last birthday)

35

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

INSTALLMENT

11. BIRTHPLACE (State or foreign country)

U S A

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Quitt

14. MOTHER'S MAIDEN NAME

Ever

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

#

16. SOCIAL SECURITY NO.

17. INFORMANT

Frances Quitt -

ADDRESS

Same

18. 539.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Esophageal ulcer

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Massive gastro-intestinal hemorrhage

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Esophageal ulcer - lower 3rd

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/53, 19, to 4/29/53, that I last saw the deceased alive on 4/29/53 and that death occurred at 9:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Irving Kramer

M. D.

23B. ADDRESS

Swain Hospital

23C. DATE SIGNED

4/29/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-1-53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

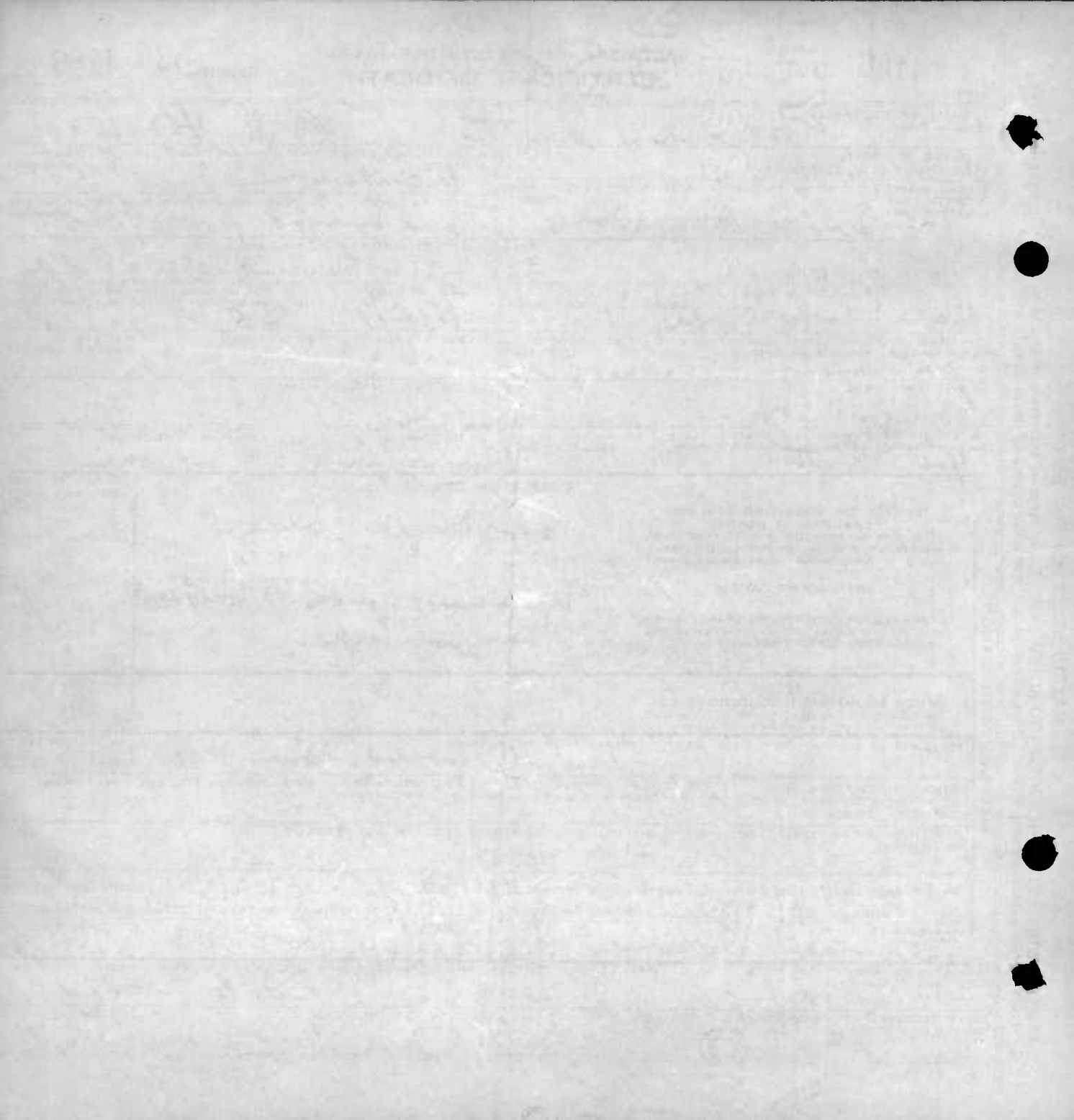
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc - 2100 Eutan Pl

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4167

BIRTH NO.

1. NAME OF DECEASED

(Type in full) ABRAHAM LOUIS WEINER

2. DATE
OF
DEATH

4/29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

42 SINAI HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO

14-03

D. STREET ADDRESS (If rural, give location)

1307 W NORTH AVE

c. Length of stay in Baltimore

48

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

+

9. AGE (in years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Pet shop

11. BIRTHPLACE (State or foreign country)

Russia Lith

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Katie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ida Weiner - James

18. 42011

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

#8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertens C-V disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 4/27 1953, to 4/29, 1953, that I last saw the
deceased alive on 4/29, 1953, and that death occurred at 7:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Malcolm D. Robbins

M. O.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

4/29/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-1-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Jack Lewis 2100 Eutaw St

ADDRESS

1011

1011

1011



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-252
53 4168BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4168
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Esther Lesinsky

2. DATE
OF
DEATH

4/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital of Baltimore, Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-17

D. STREET ADDRESS (If rural, give location)

5101 Queensbury Ave. #15

C. Length of stay in Baltimore

48

Yrs.
Mons
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9. AGE (In years
last birthday)

74

10. Under 1 Year

11. Under 24 Hours

Months

Days

Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sam Lesinsky, 2119 W Pratt St

18. 443X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Edema

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

hypertensive
Arteriosclerotic Cardiovascular
disease

> 6 yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus.

> 19 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from admission, 4/30 1953, to death, 4/30, 1953, that I last saw the deceased alive on 4/30, 1953, and that death occurred at 3:29 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

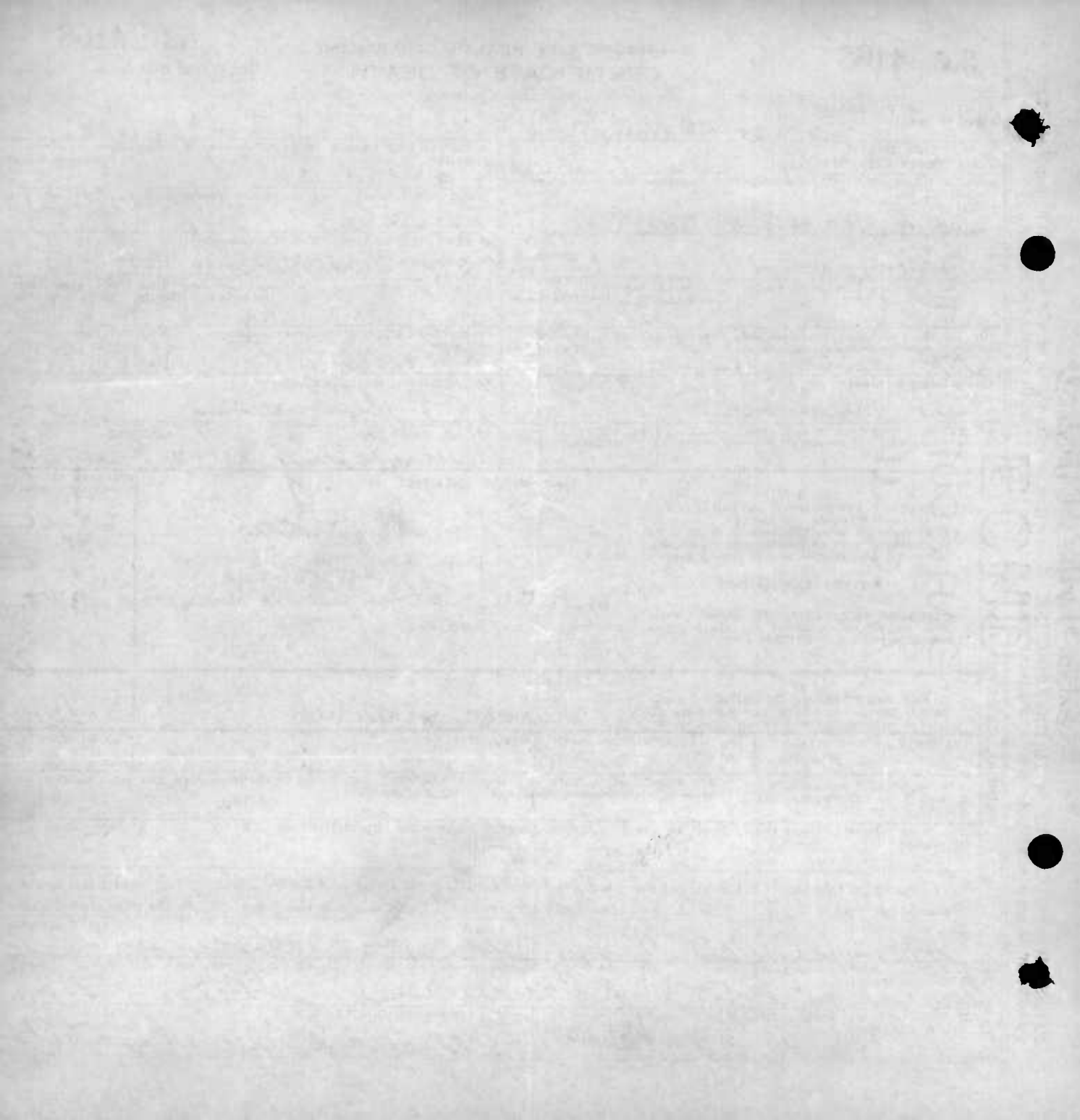
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

ADDRESS

MAY 1 1953
VS 150Stanley Charles Rubinitz, M.D. Sinai Hosp. of Baltimore
Huntington Williams, M.D. Jack Levine 2100 Canton Rd



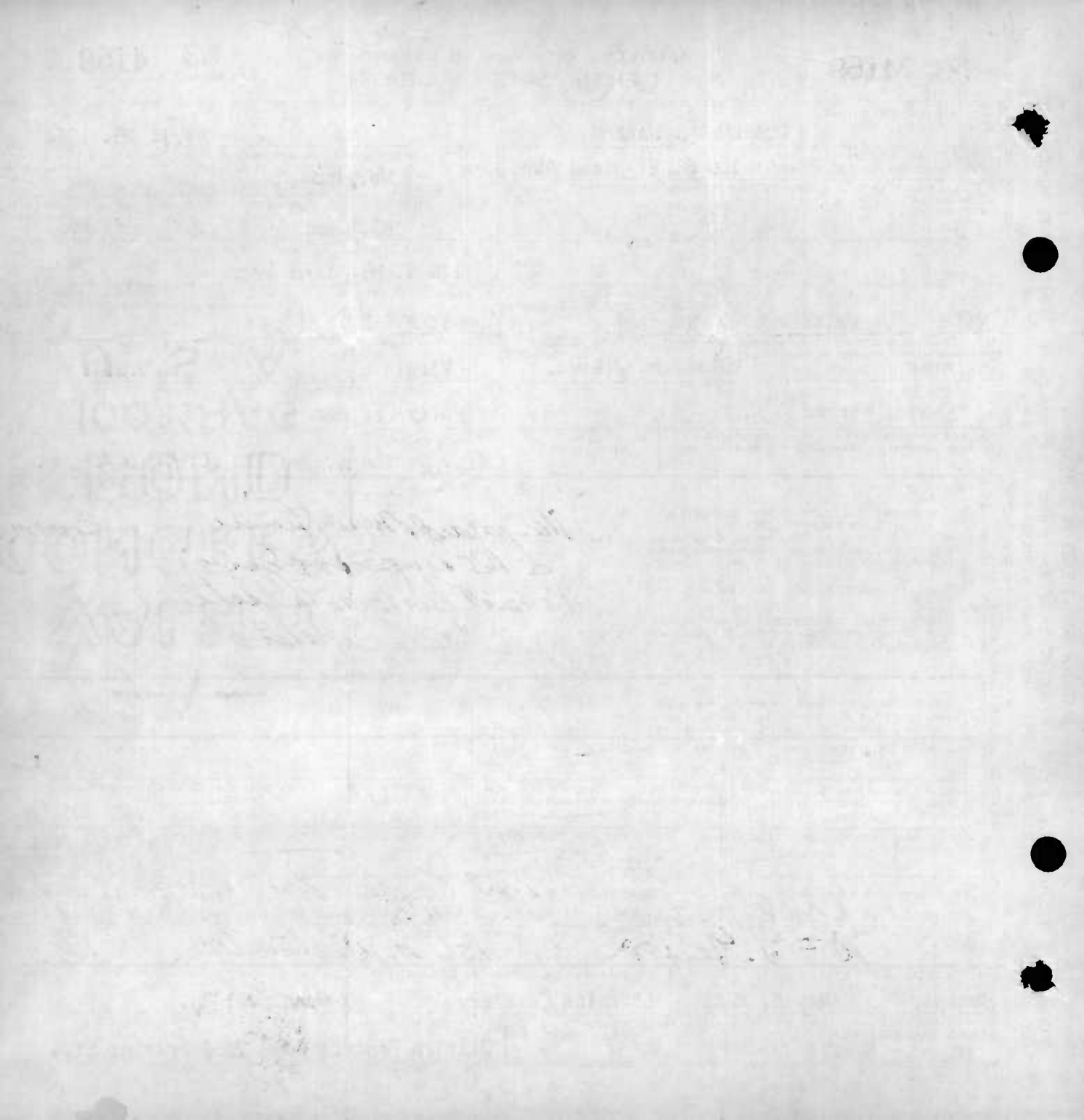
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-650
53 4169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4169
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CHARLES R. WARREN		2. DATE OF DEATH April 29, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 126 S. Highland Ave.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 20		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-10			
D. STREET ADDRESS (If rural, give location) 126 S. Highland Ave.		E. Yrs. Mos. Days			
c. Length of stay in Baltimore					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 3, 1877	9. AGE (in years last birthday) 75	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.		11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Warren			14. MOTHER'S MAIDEN NAME Polly Crimper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Bortha Warren 126 S. Highland Ave.	
18. 605X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Myocardial Infarction DUE TO Recurrent (B) General Pharyngitis & White DUE TO Cholelithiasis (C)		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 8 - 20, 1953 , to April 29, 1953 , that I last saw the deceased alive on April 24, 1953 , and that death occurred at 1:24 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE W. G. Geyer		23B. ADDRESS 156 N. Detroit Ave.		23C. DATE SIGNED 5/1/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 4, 1953		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St.			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

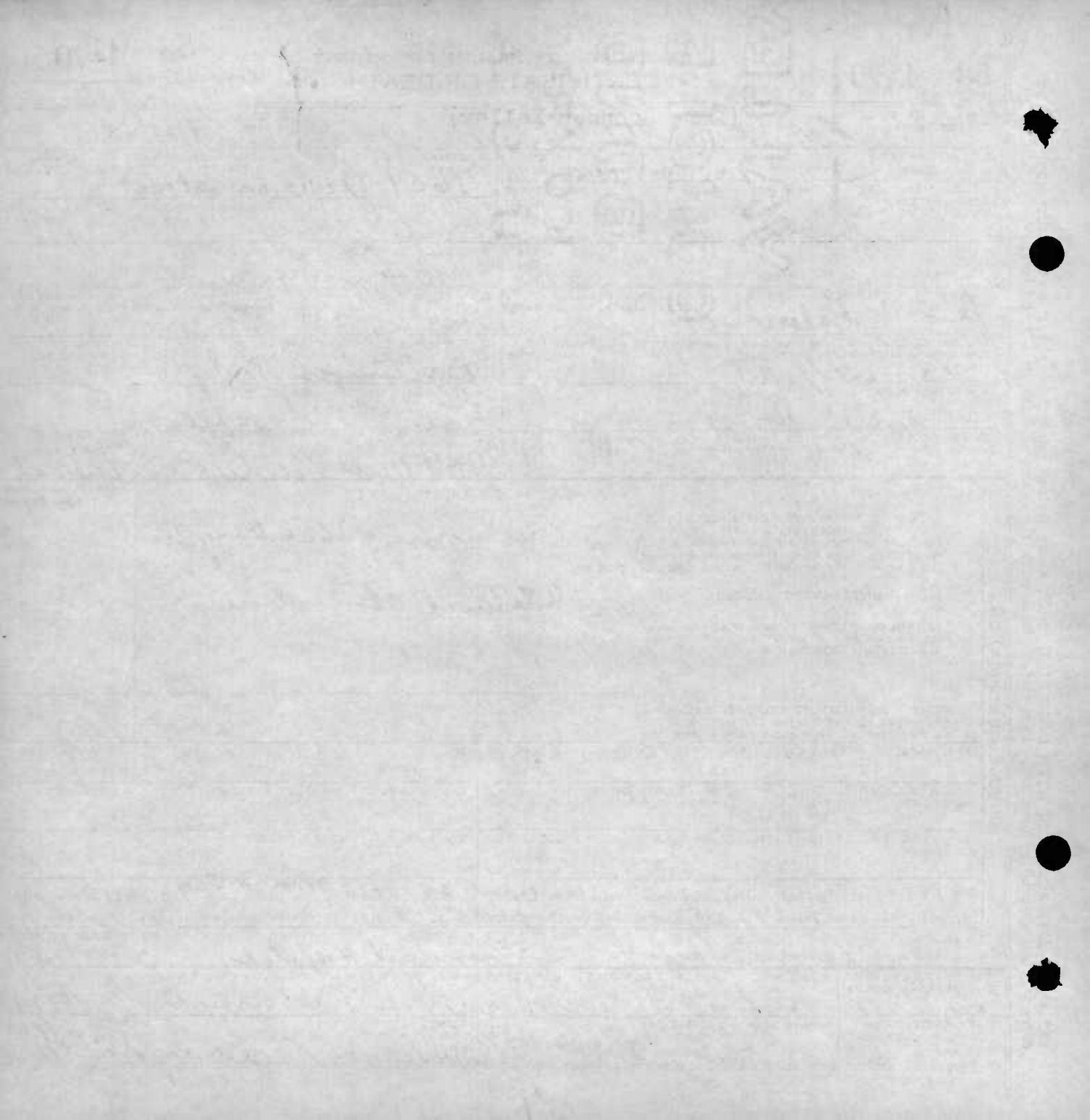
53 4170
Registered No. _____

53 4170
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) EMMA KELLEY (Emma Johnson Kelley)			2. DATE OF DEATH 4/27/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Provident Hosp. E. & E.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1604 Division St.		
5. SEX fe	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 30 1895	9. AGE (In years last birthday) 57	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME Harry Johnson			14. MOTHER'S MAIDEN NAME Russie Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Mr. Henry Kelley			ADDRESS 1604 Division St.		

18. 155X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of the Biliary Tract			
DUE TO					
ANTECEDENT CAUSES		(B) Intestinal Obstruction			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from April 27, 1953, 9:59 PM - 11:10 PM , that I last saw the deceased alive on April 27, 1953 , and that death occurred at 11:10 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Burton F. Lantz		23B. ADDRESS Provident Hospital		23C. DATE SIGNED 4-29-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-4-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) Baltimore		24E. (State) Md			
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Mr. Frances C. Lovejoy	
				ADDRESS 5714 Biddle St.	

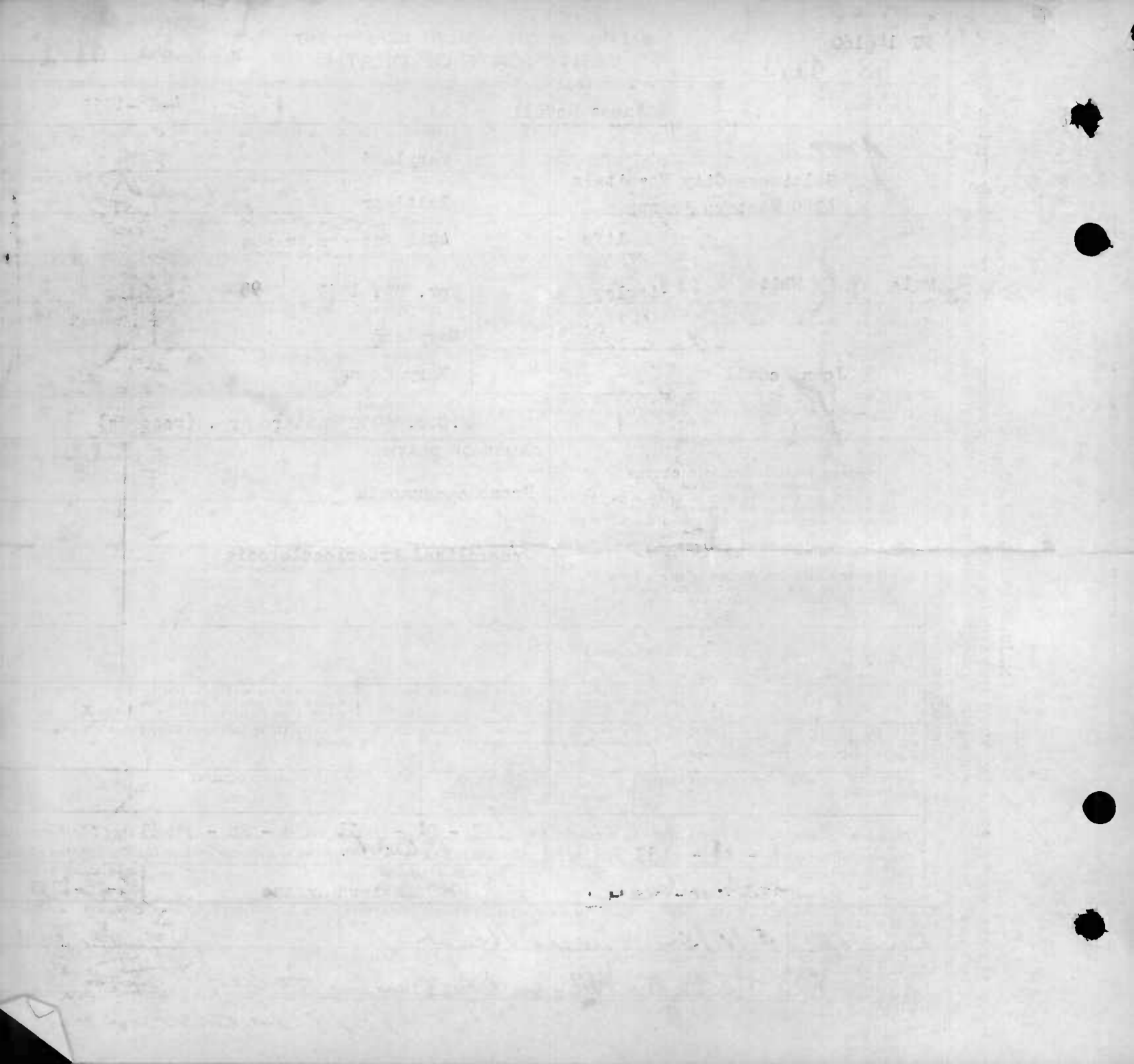
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RJ 146160		BALTIMORE CITY HEALTH DEPARTMENT		53 4171	
BIRTH 53 4171		CERTIFICATE OF DEATH		Registered No. 53 4171	
1. NAME OF DECEASED (Type or Print)			James McCall		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 4940 Eastern Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 29, 1859	9. AGE (In years, last birthday) 93	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John McCall			14. MOTHER'S MAIDEN NAME Mary Mooney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)		
18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Generalized Arteriosclerosis DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from 2 - 21 - 1951, to 4 - 28 - 1953, that I last saw the deceased alive on 4 - 28 - 1953, and that death occurred at 11:45 AM, from the causes and on the date stated above.					
23A. SIGNATURE H. J. H. H. H.			23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 4-28-1953
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Burial	5/1/53	Innocent Heart	Balto, Md		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS	
MAY 1 1953	Huntington	J. Faherty Sons		1318 Light St	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 417253 4172

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Esther May Lindsay

2. DATE
OF
DEATH

April 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3002 Keswick Road

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 11, 1895

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Emory Hare

14. MOTHER'S MAIDEN NAME

Mary E. Rice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Earl L. Lindsay 3002 Keswick Road

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

4 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Right Cerebral Thrombosis

DUE TO

(1) Cardio-renal-vascular Dis.
(2) Diabetes Mellitus

5 days

10 Yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1953, to April 30, 1953, that I last saw the
deceased alive on April 30, 1953, and that death occurred at 12.10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Wilson

M. D.

23B. ADDRESS

617 W. 40th St.

23C. DATE SIGNED

4/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Memorial Park

24D. LOCATION (City, town, or county) (State)

Howard Co., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 1 1953

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Burgee Funeral Home

3631 Falls Road

Norace F. Burgee

1943

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED

John

John

John

John

John

John

John

10

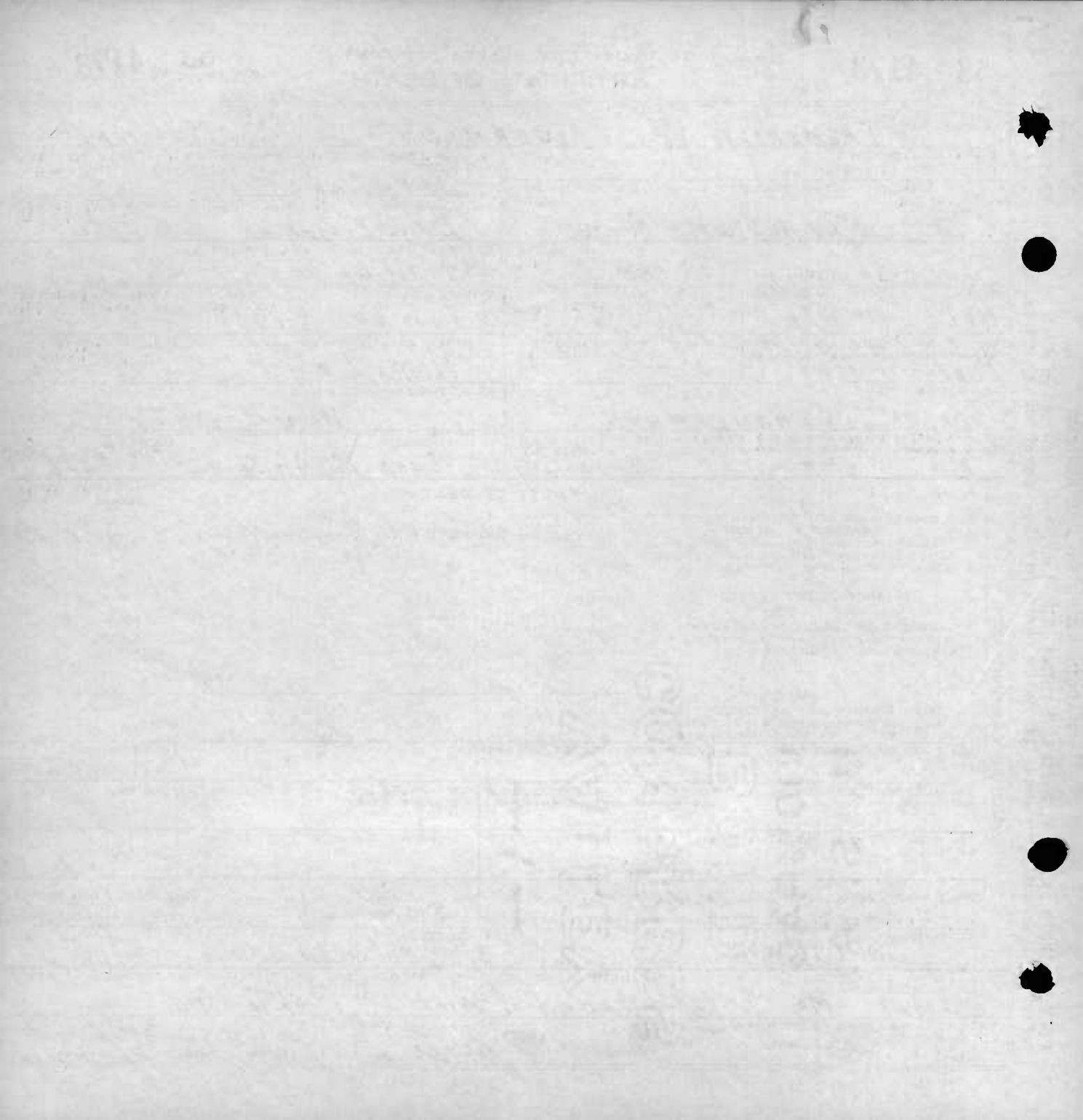
John

53 4173

BIRTH NO.

SCHEVERMANN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4173
Registered No.

1. NAME OF DECEASED (Type or Print) FREDERICK W. SCHEVERMANN			2. DATE OF DEATH MAY 4, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MARYLAND b. COUNTY BALTIMORE		
b. FULL NAME OF (If not in hospital or institution, give street address or location) 3512 FREDERICK AVE.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-08		
c. Length of stay in Baltimore 18 yrs.			d. STREET ADDRESS (If rural, give location) 3512 FREDERICK AVE.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 10-1-1874	9. AGE (In years, last birthday) 78	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCE MAN		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CHARLES C. SCHEVERMANN			14. MOTHER'S/MAIDEN NAME WENDEROTH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-30-1290	17. INFORMANT Miss EDNA McAISTER		ADDRESS 3512 FREDERICK AVE.
18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Caecinoia of Esophagus DUE TO			INTERVAL BETWEEN ONSET AND DEATH 2 months		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) DUE TO (C)		
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1943 to 5/1 , 19 53 , that I last saw the deceased alive on 4/29 , 19 52 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Edna W. Schumero		23b. ADDRESS 3432 Frederick Ave.		23c. DATE SIGNED 5/1/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 4, 1953		24c. NAME OF CEMETERY OR CREMATORY LODON PARK	
24d. LOCATION (City, town, or county) BALTO MD.		25. FUNERAL DIRECTOR G. Truman Schwal		ADDRESS 3512 FREDERICK AVE.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953		REGISTRAR'S SIGNATURE Huntington Williams			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 417453 4174
BIRTH NO. 41741. NAME OF DECEASED
(Type or Print)*Elizabeth F. Sirbaugh*2. DATE
OF
DEATH*4/29/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*3720 Chestnut Ave.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

P.O.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*June 11, 1891*9. AGE (in years
last birthday)*61*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*W. Va*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Elizabeth Sirbaugh Capon Bridge W. Va.*18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

*(A) Hypertensive C-V disease**4 yrs.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*chronic nephritis*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan. 1951* to *April 29 1953* that I last saw the
deceased alive on *April 29 1953* and that death occurred at *10:45 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

W. H. Grenger

M. D.

23B. ADDRESS

1520 E. 33rd St

23C. DATE SIGNED

*4-30-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Removal*

24B. DATE

5/4/53

24C. NAME OF CEMETERY OR CREMATORY

Fairview

24D. LOCATION (City, town, or county)

Fredricks Co. Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

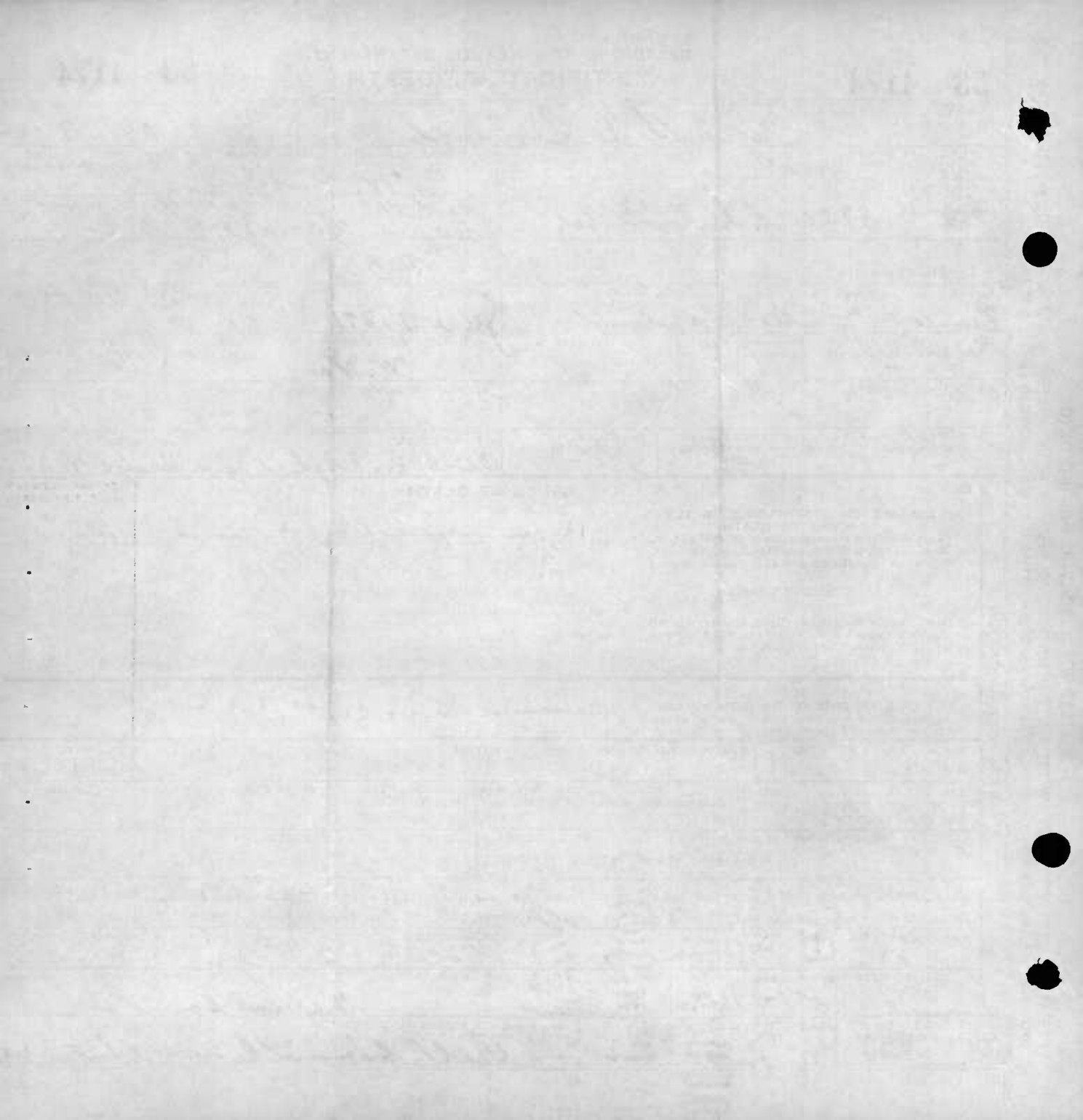
REGISTRAR'S SIGNATURE

Huntington Harrison

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Schenck 3615-17 Chestnut Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-200
53 4175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4175
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARGARET T. ROUZIE		2. DATE OF DEATH April 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2002 Brookfield Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2002 Brookfield Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Dec. 29, 1869	9. AGE (In years: last birthday) 83
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME -- Wheat			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Stockton W. Rouzie-920 N. Market St. Frederick, Md.	
18. 443x CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hypertensive cardio-vasc. accident sev day DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arthritis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. sev yrs.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1950, to APR 28, 1953, that I last saw the deceased alive on APR 25, 1953, and that death occurred at 2:00 Pm., from the causes and on the date stated above.					
23A. SIGNATURE E. Ellman		23B. ADDRESS 2431 MARYLAND AVENUE		23C. DATE SIGNED 4-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/1/53		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. LOCATION (State) Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. Pickner & Sons Balto 17, Md.	

53 4176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4176

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JESSIE M. HAZELRIGG			2. DATE OF DEATH Apr. 30, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1216 Harwood Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-38		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1216 Harwood Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 11, 1877	9. AGE (In years last birthday) 75	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ebenezer Morse			14. MOTHER'S MAIDEN NAME Mary Hoffman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Arla Johnson - 1216 Harwood Ave.		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage (A) DUE TO Right hemiplegia ANTECEDENT CAUSES (B) Hypertensive cardiovascular disease DUE TO disease (C) not determined DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH 5 days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Congestive heart failure					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 15 April, 1953 , to 30 April, 1953 , that I last saw the deceased alive on 28 April, 1953 , and that death occurred at 9 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Charles M. Kerr M. D.			23B. ADDRESS 6801 Belair Rd		23C. DATE SIGNED 30 April 53
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 5/1/53	24C. NAME OF CEMETERY OR CREMATORY Lincoln, Neb.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953	REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Wm. J. Pickner & Sons Beth 17, Md.		

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4177

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JANICE HEDGES

2. DATE
OF
DEATH

APRIL 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

322 KANE AVE.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Nov. 19, 1945

9. AGE (in years
last birthday)

7

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CLARENCE HEDGES

14. MOTHER'S MAIDEN NAME

MARTHA MESSINGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

Parents

ADDRESS

322 Kane St.

18. 292.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

APLASTIC ANEMIA

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1953 to April 30, 1953, that I last saw the deceased alive on April 30, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Kathleen Throna Certosa

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

4-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/4/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

418 Eastern Ave

Balto. 21, Md.

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4178

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)CHARLES F. PATTISON2. DATE
OF
DEATHApril 29-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)2632 Asquith St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

6. STREET ADDRESS (If rural, give location)

2632 Asquith St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

Feb. 5-18799. AGE (In years
last birthday)74If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Drum Major10B. KIND OF BUSINESS OR
INDUSTRYBalto. Conn.

11. BIRTHPLACE (State or foreign country)

Balto. Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Florence Eckels 2632 Asquith St.18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1953, to April 29, 1953 that I last saw the
deceased alive on April 29, 1953, and that death occurred at 12:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Fusting

M. O.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

4-30-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 2-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Old Frederick Rd. Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. H. Huntington Williams, M.D. John B. Connelly

25. FUNERAL DIRECTOR

ADDRESS

410 Eastern Ave.Balto. Md.97674

CHICAGO CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CHICAGO CITY HEALTH DEPARTMENT

CHICAGO CITY HEALTH DEPARTMENT

CHICAGO CITY HEALTH DEPARTMENT

CHICAGO CITY HEALTH DEPARTMENT

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CHICAGO CITY HEALTH DEPARTMENT

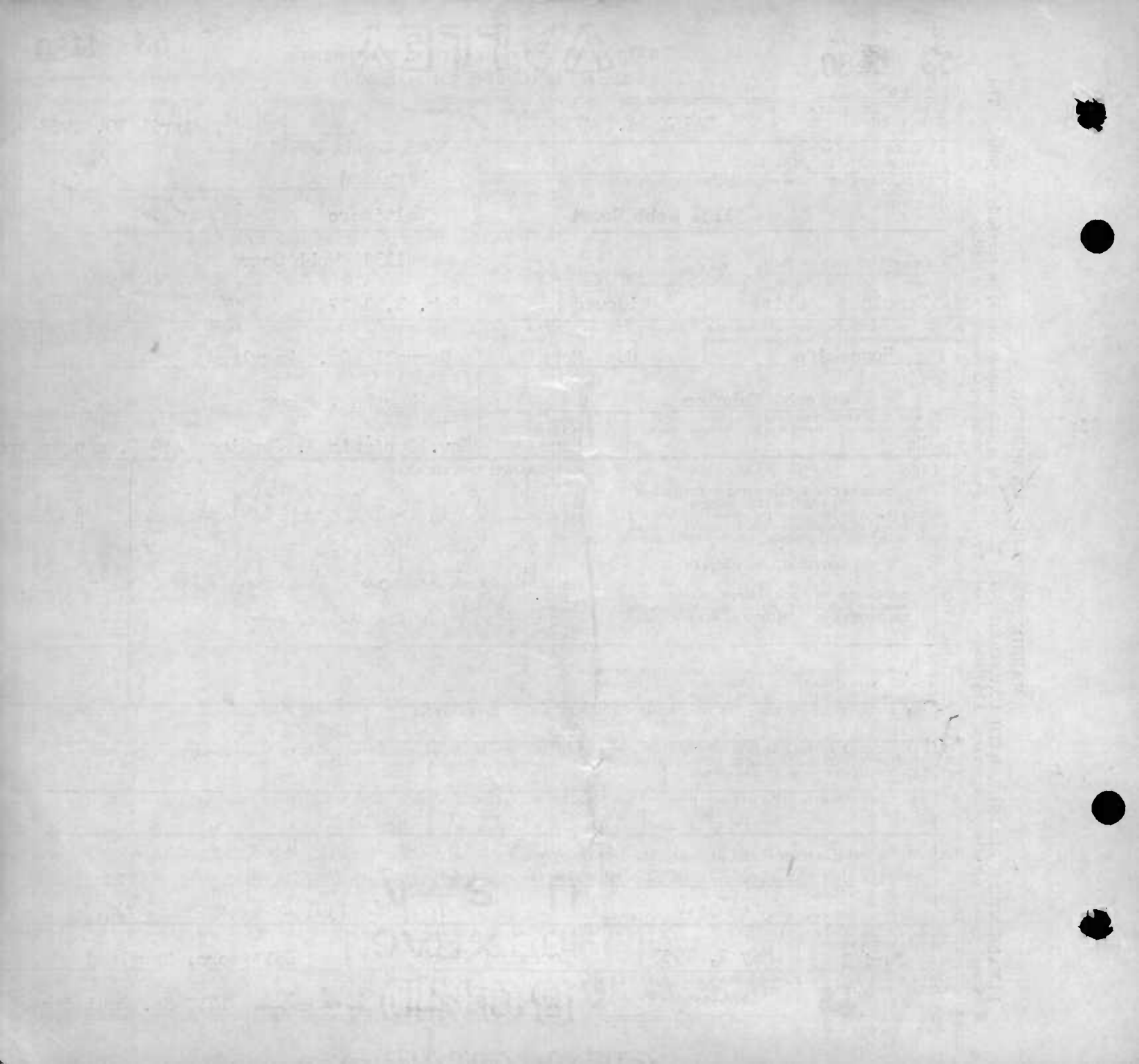
CHICAGO CITY HEALTH DEPARTMENT

W-426		BALTIMORE CITY HEALTH DEPARTMENT		53 4179	
53 4179		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Harry L. Walker			4/30/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE B. COUNTY		
5815 Falkirk Rd			Md. Balto		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
Yrs. Mos. Days			5815 Falkirk Rd.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
Male	White	Married	8/9/1888	64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Conductor		Penna. R.R.		Haver de Grace Md.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Alonzo Walker			Mollie McEwing		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)				Mrs. Harry Walker 5815 Falkirk Rd	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
(A) DUE TO			Pulmonary Edema		
ANTECEDENT CAUSES			(B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			Arteriosclerotic cardiovascular disease		
(C) DUE TO			1 month		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
		m.			
22. I hereby certify that I attended the deceased from April 18, 1953, to April 30, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 7:12 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. Schlander		6001 Loch Raven Pkwy		5/1/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		5/2/53		Cedar Hill	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
A.A. Co. Md.		BOK Inc.		1217 St. Paul st.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
MAY 1 1953		Huntington Williams, M.D.		BOK Inc.	
VS 150					

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

J-525 53 4180		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4180 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		DAISY A. JENKINS		April 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1131 Webb Court		C. CITY OR TOWN Baltimore		10-02	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1131 Webb Court			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 3, 1877	9. AGE (In years last birthday) 76	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Dom Home		11. BIRTHPLACE (State or foreign country) Carroll Co. Maryland	
13. FATHER'S NAME Joseph Babylon		14. MOTHER'S MAIDEN NAME Martha Brown		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Rev. Benjamin A. Jenkins 459 S. Augusta Ave	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CENTRAL ANEURYSM 2. hemiplegia - Hypertension - Cardio Vase Renal disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 4 days 20 yr.	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 25, 1951, to April 30, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 6 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Joseph Friedman		23B. ADDRESS 404 E. Worth Ave		23C. DATE SIGNED May 1, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 2, 1953		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Huntington Williams, M.D. William Cook, Jr.		24F. ADDRESS 1217 St. Paul Street	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 4181

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Joseph Coyle

2. DATE
OF

DEATH April 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1501 Medford Rd.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1501 Medford Road

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar., 6, 1869

9. AGE (In years last birthday)

84

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Garage Mgr.

10B. KIND OF BUSINESS OR INDUSTRY

Stewart & Co.

11. BIRTHPLACE (State or foreign country)

Catonsville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Coyle

14. MOTHER'S MAIDEN NAME

Mary Hayes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marguerite McClaine

18. 422.1

CAUSE OF DEATH 1501 Medford Rd.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular Disease

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1953, to 4-29, 1953, that I last saw the deceased alive on 4-20, 1953, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-2-53

Loudon Park

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, 4600 Liberty Hgts. Ave.

MAY 1 1953

4600 Liberty Hgts. Ave.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>		<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>		<p>5. Time of death: _____</p>		<p>6. Place of death: _____</p>	
<p>7. Cause of death: _____</p>		<p>8. Immediate cause: _____</p>		<p>9. Underlying cause: _____</p>	
<p>10. Contributing cause: _____</p>		<p>11. Manner of death: _____</p>		<p>12. Signature of physician: _____</p>	
<p>13. Signature of registrar: _____</p>		<p>14. Signature of informant: _____</p>		<p>15. Signature of medical examiner: _____</p>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4182

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Timothy Stern Brown

2. DATE
OF
DEATH

4-29-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

35 Church Home & Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1809 N. Ken Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

7-30-1929

9. AGE (in years last birthday)

23

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Lime Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Brown, George

14. MOTHER'S MAIDEN NAME

Layton, Lottie M.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-20-2804

17. INFORMANT

Patient

ADDRESS

✓

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gen. pulmonary Tuberculosis

DUE TO

6 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-20, 1953, to 4-29, 1953, that I last saw the deceased alive on 4-29, 1953, and that death occurred at 9:45 m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. M.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

4-29-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/3/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

J. J. Sander

(Enclosed)

S-530
53 4183BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4183
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>MARY SMITH</i>			2. DATE OF DEATH <i>4-29-53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Pravident Hosp.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pravident Hosp. & Free Dispensary</i>			C. STREET ADDRESS (If rural, give location) <i>843 Edmondson ave.</i>			D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore <i>Life</i>			Yes. Mos. Days			843 Edmondson ave.			
5. SEX <i>female</i>		6. COLOR OR RACE <i>ek</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Aug 17, 1890</i>		9. AGE (In years last birthday) <i>62 yrs</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Bookbinder</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balt Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John Smith</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Nannie Amos</i>		ADDRESS <i>743 W. Saratoga St</i>		18. 443X	
18. 443X		CAUSE OF DEATH		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Constrictive Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH		DUE TO	
ANTECEDENT CAUSES		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Ess. hypertension</i>		DUE TO		(C)	
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>April 4</i> , 1953, to <i>April 29</i> , 1953, that I last saw the deceased alive on <i>April 29</i> , 1953, and that death occurred at <i>3:10</i> p.m., from the causes and on the date stated above.		23A. SIGNATURE <i>Ignacio T. Garcia</i>		23B. ADDRESS <i>Pravident Hospital</i>		23C. DATE SIGNED <i>4-30-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/9/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. Calvary Cem.</i>		24D. LOCATION (City, town, or county) <i>Cedar Hill Md.</i>		24E. FUNERAL DIRECTOR <i>Mrs. Katie Williams</i>	
24F. ADDRESS <i>322 N. Schreder St</i>		24G. REGISTRAR'S SIGNATURE <i>Huntington</i>		24H. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 1 1953</i>		24I. ADDRESS <i>784 6M</i>		24J. ADDRESS <i>784 6M</i>	

784 6M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

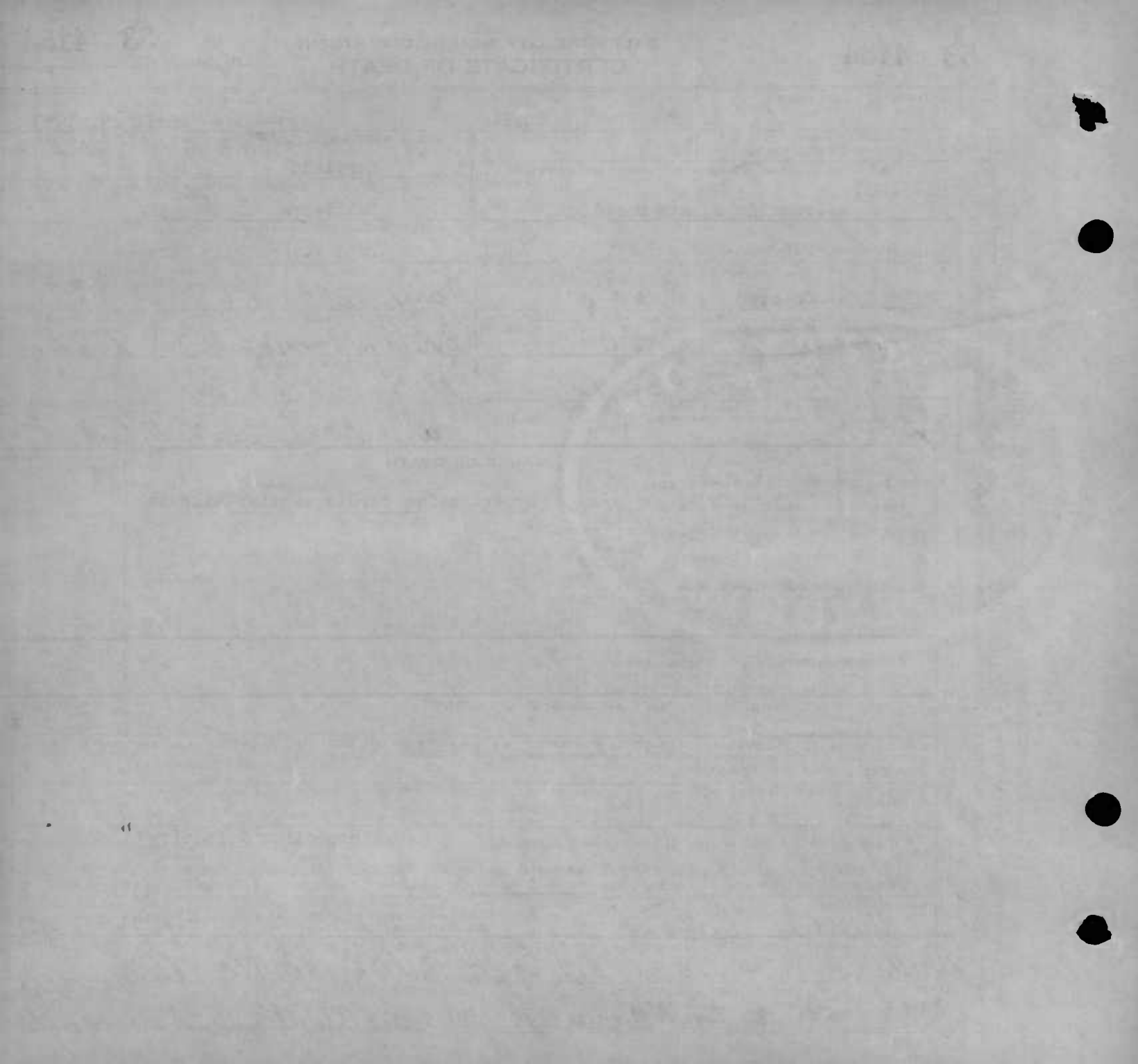
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4184
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		JOSEPH POWELL		2. DATE OF DEATH April 29, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 1833 W. Franklin Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 1897	9. AGE (In years last birthday) 56	10. Under 1 Year Months: Days 10 Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lapener		10B. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (State or foreign country) Griffin Township N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henderson Powell				14. MOTHER'S MAIDEN NAME Hattie Sexton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Eula West 312 N. Mount St.			
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO						INTERVAL BETWEEN ONSET AND DEATH	
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William J. Schrock				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED April 29, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 5/4/1953		24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 322 N. ...	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4185

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Mary AIKSNIS*2. DATE OF DEATH
April 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

*Maryland**Baltimore*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hosp

C. CITY OR TOWN

(If outside corporate limits, write R.R. and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4311 Forley Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept 13, 1890

9. AGE (in years last birthday)

62

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Iden Razimas

14. MOTHER'S MAIDEN NAME

Eva Maslen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

—

(If yes, give war or dates of service)

—

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Anthony J. AIKSNIS

ADDRESS

*Same*18. *420.0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *myocardial infarction*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

11 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic heart disease*
hypertension *cardiovascular disease*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 23, 1953* to *April 30, 1953*, that I last saw the deceased alive on *April 30, 1953*, and that death occurred at *11:20* a.m., from the causes and on the date stated above.

23A. SIGNATURE

Mary L. Poff

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

April 30, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/4/1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BELAIR RD

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

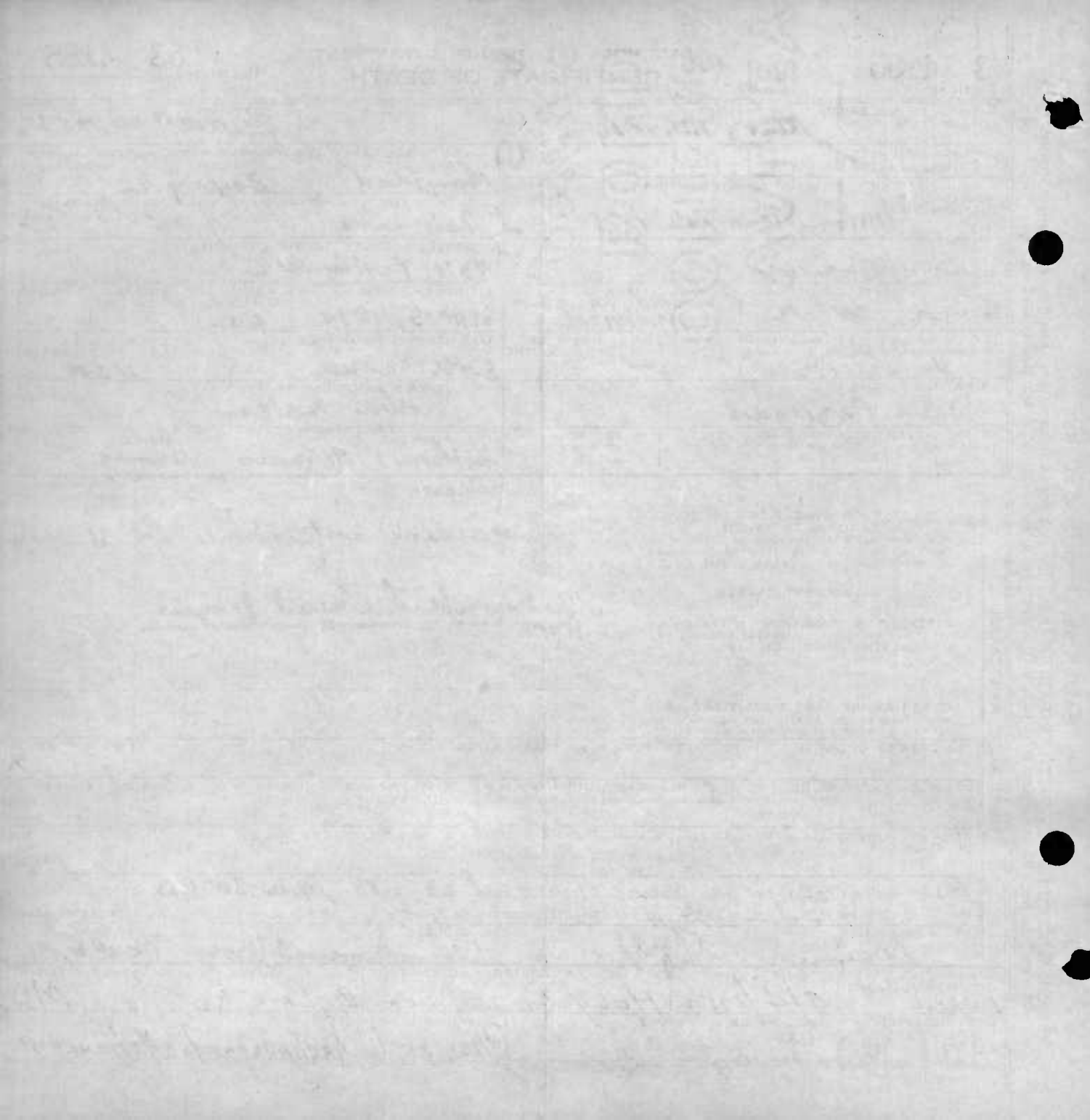
Huntington Williams, M.D.

F. FUNERAL DIRECTOR

CHARLES W. KACHUSKAS

ADDRESS

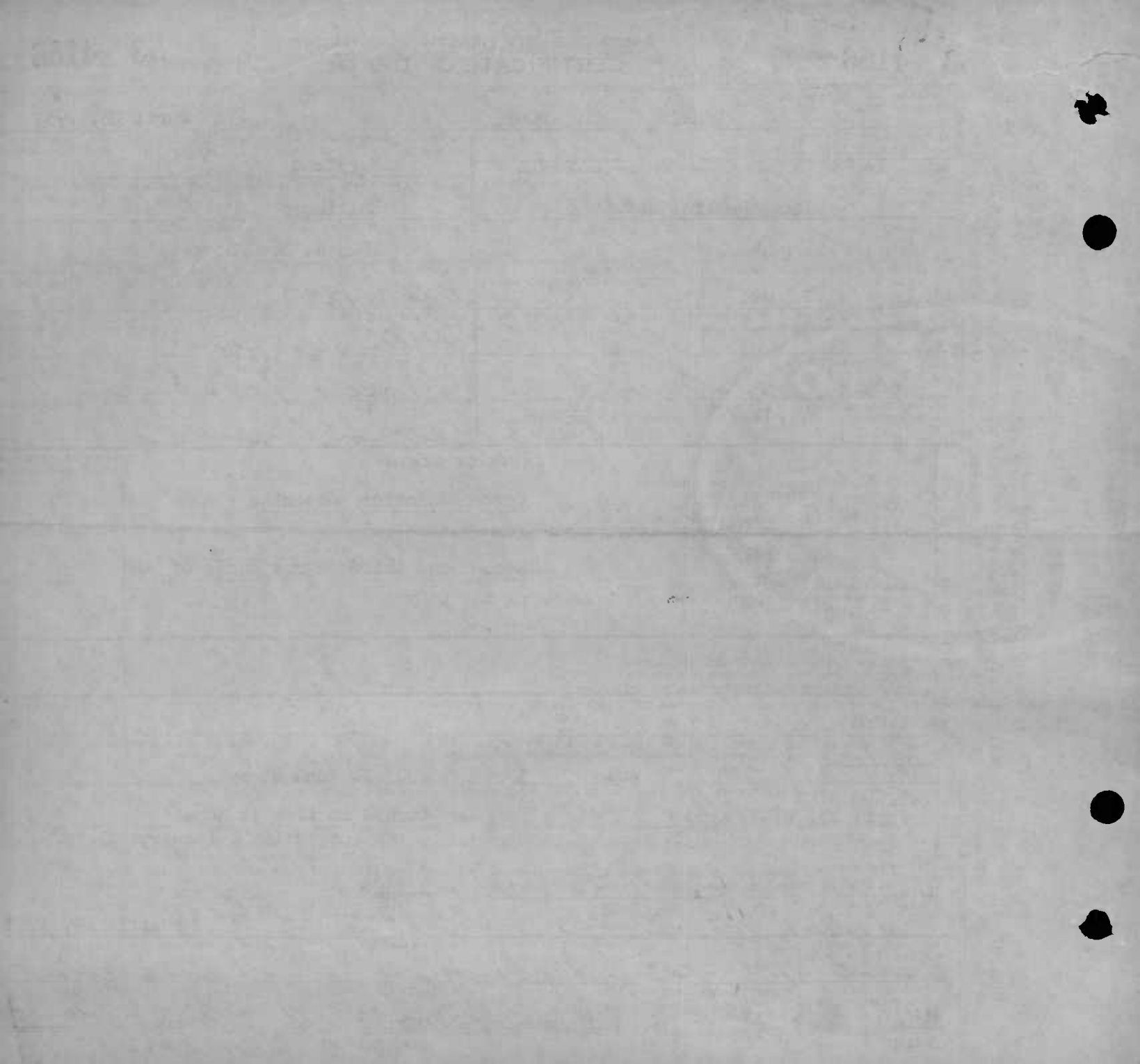
703 McHENRY ST.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 4186	
BIRTH NO. 53 4186 51-22617				CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) DENNIS MOORE			2. DATE OF DEATH April 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, give city, town, and township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1023 N. Bond Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 30, 1951	9. AGE (in years last birthday) 1	10. Under 1 Year Months: Days: 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nathaniel Moore			14. MOTHER'S MAIDEN NAME Shirley Franklin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Raleigh Franklin		
18. E916.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carbon monoxide poisoning X X X X X			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Second and third degree burns of 90% X X X X X of the body (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1023 N. Bond Street 714	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 28, 1953 4:00 P.m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? Burned in fire at home	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. Williams		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED April 29, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 2/53		24C. NAME OF CEMETERY OR CREMATORY McCalray Cem	
24D. LOCATION (City, town, or county) (State) A. P. County Md		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR 1129 N. Caroline St		24H. ADDRESS 1129 N. Caroline St		24I. SIGNATURE W. W. Williams	



H-453
53 4187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4187

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Bessie Holland</i>			2. DATE OF DEATH <i>Apr. 29-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-01</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>607 Penney Drive</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>8-5-78</i>		9. AGE (In years last birthday) <i>74</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>			10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Lancaster Va.</i>
13. FATHER'S NAME <i>Thomas Allen Va</i>			14. MOTHER'S MAIDEN NAME <i>Mary Wally Va</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Marion Dixon</i>			17. ADDRESS <i>607 Penney Drive</i>		

18. <i>575X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rectal abscess + inanition</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 wks.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Peniculous anemia;</i>		

19A. DATE OF OPERATION <i>4-24-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED _____		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? _____		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <i>4-9</i> , 1953 to <i>4-24</i> , 1953, that I last saw the deceased alive on <i>4-24</i> , 1953, and that death occurred at <i>ca 6 Am.</i> , from the causes and on the <i>date stated above</i>						
23A. SIGNATURE <i>Thomas Franklin Williams</i>			23B. ADDRESS <i>601 N. Broadway</i>		23C. DATE SIGNED <i>5-1-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/2/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MT Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 1 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		25. FUNERAL DIRECTOR <i>William A Jackson</i>		ADDRESS <i>Penna</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

To be approved by
medical Examiner

NOT A MEDICAL EXAMINER'S CASE

William H. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4188

J-650
53 4188

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRISON

GREEN

2. DATE
OF
DEATH

April 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

603 Bridgeview Avenue

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

603 Bridgeview Avenue, Cherry Hill

c. Length of stay in Baltimore

30yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-31-96

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Resturant

11. BIRTHPLACE (State or foreign country)

Elkton, Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Green

14. MOTHER'S MAIDEN NAME

Victoria Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-03-2784

17. INFORMANT

ADDRESS

Daisy Green, 603 Bridgeview Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
May 1, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-3-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Lawn VA

24D. LOCATION (City, town, or county)

Elkton, Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 1 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

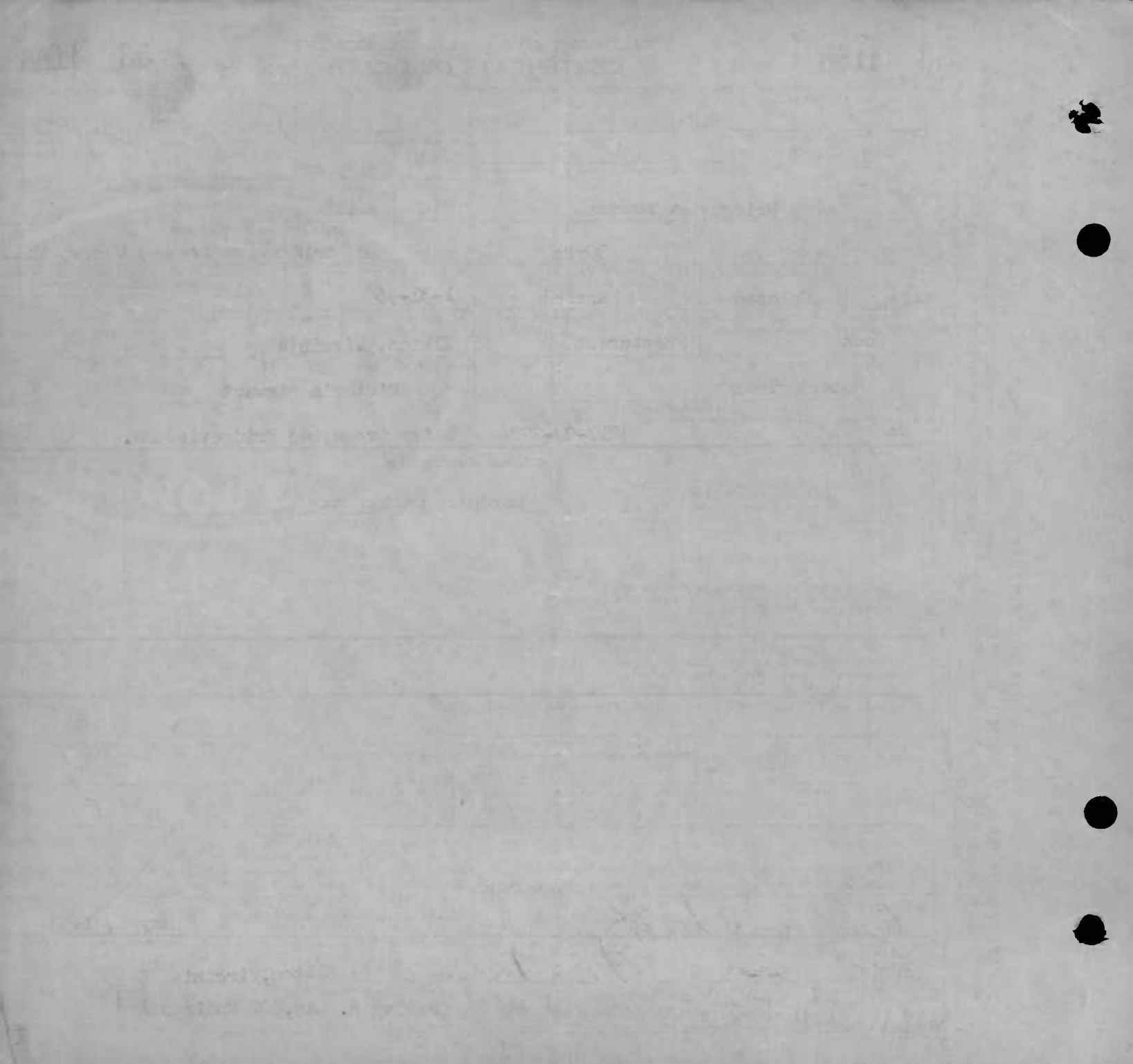
25. FUNERAL DIRECTOR

Charles R. Law, 802 Madison Ave

ADDRESS

V-5-151

254 6M



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4189
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **JULIAN HOWARD WASHINGTON**

2. DATE OF DEATH **April 30, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE **Maryland** B. COUNTY **Montgomery**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **US Public Health Service Hospital**
Wyman Pk. Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Rockville

c. Length of stay in Baltimore **?** Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
Stone street 6500

5. SEX **M** 6. COLOR OR RACE **Col** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **9/4/07** 9. AGE (In years, last birthday) **45** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
chauffeur

10B. KIND OF BUSINESS OR INDUSTRY
Gov't employee

11. BIRTHPLACE (State or foreign country)
D.C.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Howard Washington

14. MOTHER'S MAIDEN NAME
Lillian Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **?** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. **232X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Pulmonary embolus**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
2 1/2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Right cerebral thrombosis with left hemiplegia**
DUE TO
(C)

several weeks

II
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 6** 1953, to **Apr. 30**, 1953 that I last saw the deceased alive on **Apr. 30** 1953, and that death occurred at **12:30 PM**, from the causes and on the date stated above.

23A. SIGNATURE **J. A. Hunter**

23B. ADDRESS **US PHS Hospital, Balto, Md.**

23C. DATE SIGNED **5/1/53**

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **MAY 1 1953**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

NAME OF DECEASED _____		SEX _____		AGE _____	
PLACE OF BIRTH _____		DATE OF BIRTH _____		TIME OF BIRTH _____	
PLACE OF DEATH _____		DATE OF DEATH _____		TIME OF DEATH _____	
CAUSE OF DEATH _____		MANNER OF DEATH _____		PLACE OF INTERMENT _____	
SIGNATURE OF PHYSICIAN _____		SIGNATURE OF REGISTRAR _____		SIGNATURE OF WITNESS _____	
DATE OF SIGNATURE _____		DATE OF SIGNATURE _____		DATE OF SIGNATURE _____	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4190
Registered No.

53 4190

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KENNETH McPLOTT

2. DATE
OF
DEATH

APR. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

BALTIMORE CITY

C. CITY OR TOWN (If outside corporate limits, write full R.R. and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)

1813 N. CALVERT STREET

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

MAR. 15, 1916

9. AGE (In years
last birthday)

37

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MECHANIC

10B. KIND OF BUSINESS OR
INDUSTRY

BRAKE SHOE CO

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES WILLIAM

14. MOTHER'S MAIDEN NAME

SHEPPIE E. HALL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

NO

17. INFORMANT
ADDRESS

225-12-9720

MRS. EVA DOSTER

304 E. LAFAYETTE

18. 330X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

SUBARACHNOID HEMORRHAGE

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

RUPTURED CONGENITAL
ANEURYSM

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR. 28, 1953 to APR. 30, 1953 that I last saw the
deceased alive on APR. 30, 1953, and that death occurred at 7¹⁰ P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. E. Trunnell Jr.

23B. ADDRESS

M. D. UNION MEMORIAL HOSP.

23C. DATE SIGNED

APR. 30, 1953

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

BURIAL

24B. DATE

5-4-53

24C. NAME OF CEMETERY OR CREMATORY

CROWN HILL CEM.

24D. LOCATION (City, town, or county) (State)

COVINGTON, VA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles S. Zeiler

ADDRESS

901 S. Conkey St.

VS 150

5543B

Balt., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE STATE OF

MISSISSIPPI

IN SENATE

January 11, 1901

REPORT

OF

THE

COMMISSIONER

OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY, N. Y.: J. B. LIPPINCOTT & CO., 1901.

THE STATE OF MISSISSIPPI

IN SENATE

January 11, 1901

REPORT

OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY, N. Y.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4191**1. NAME OF DECEASED
(Type or Print)**LILLIAN BERAN**2. DATE
OF
DEATH**4-29-1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**2108 E. MADISON ST**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2108 E. MADISON ST. 5

c. Length of stay in Baltimore

24 YRS.

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**SINGLE**

8. DATE OF BIRTH

5-4-19289. AGE (In years
last birthday)**24**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**NONE**10B. KIND OF BUSINESS OR
INDUSTRY**NONE**

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.12. CITIZEN OF
WHAT COUNTRY?**U. S.**

13. FATHER'S NAME

JOSEPH BERAN

14. MOTHER'S MAIDEN NAME

MARY FAJMAN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.**NONE**

17. INFORMANT

ADDRESS

JOS. BERAN 2108 E. MADISON ST

18.

420.1DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) ...

DUE TO

Coronary Thrombosis

(B) ...

DUE TO

Chr Myocarditis

(C) ...

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH**4-29-53****Jan 1, 1900**OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1, 1953** to **Jan 29, 1953** that I last saw the
deceased alive on **Jan 29, 1953**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

William F. Ryan

M. O.

23B. ADDRESS

802 S. Kenwood Th

23C. DATE SIGNED

5/1/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

5-2-1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county) (State)

BALTIMORE 6 MD.DATE RECEIVED BY
LOCAL REGISTRAR

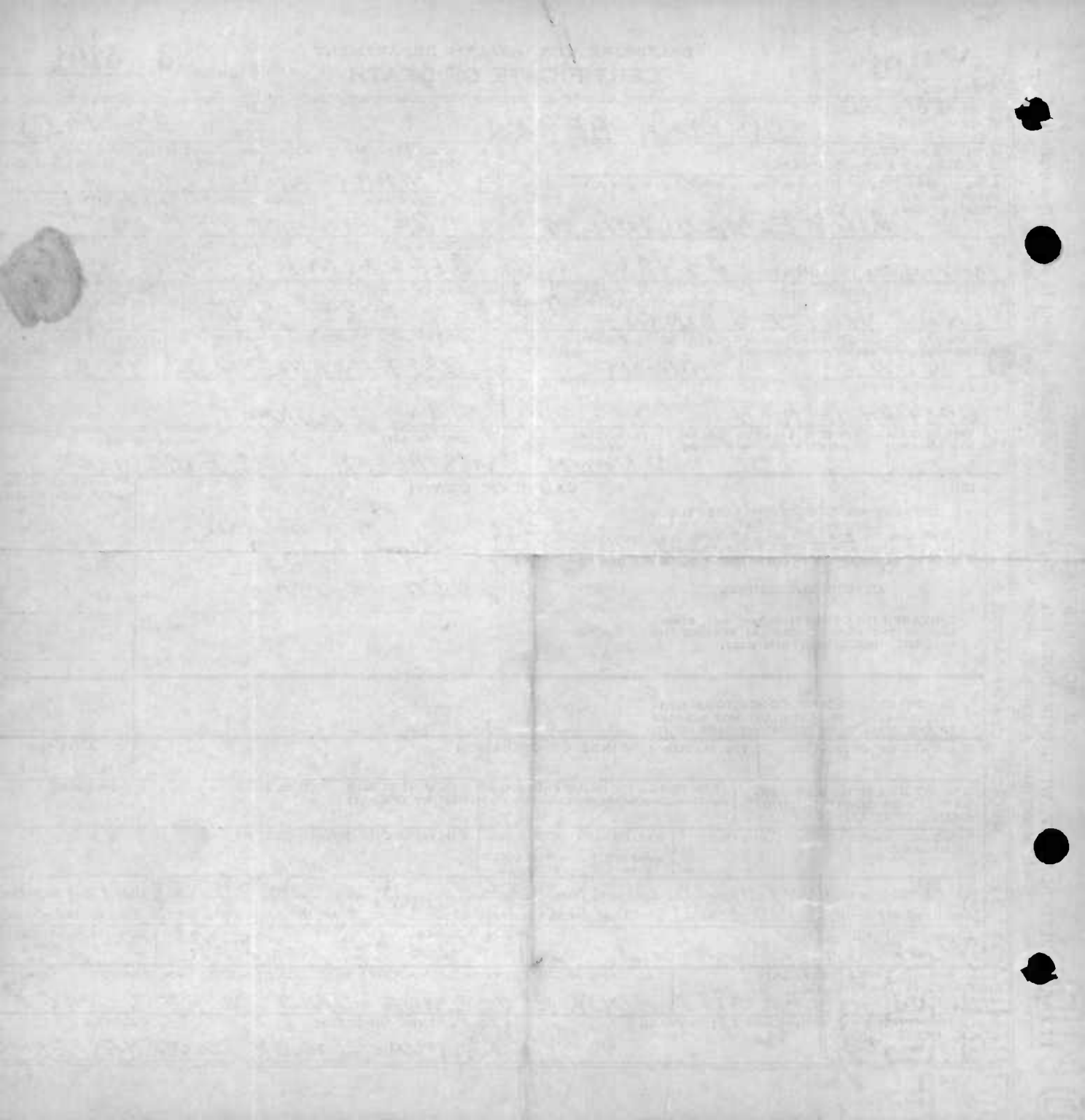
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

FR. CVACH • SON 900 N. CHESTER ST



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

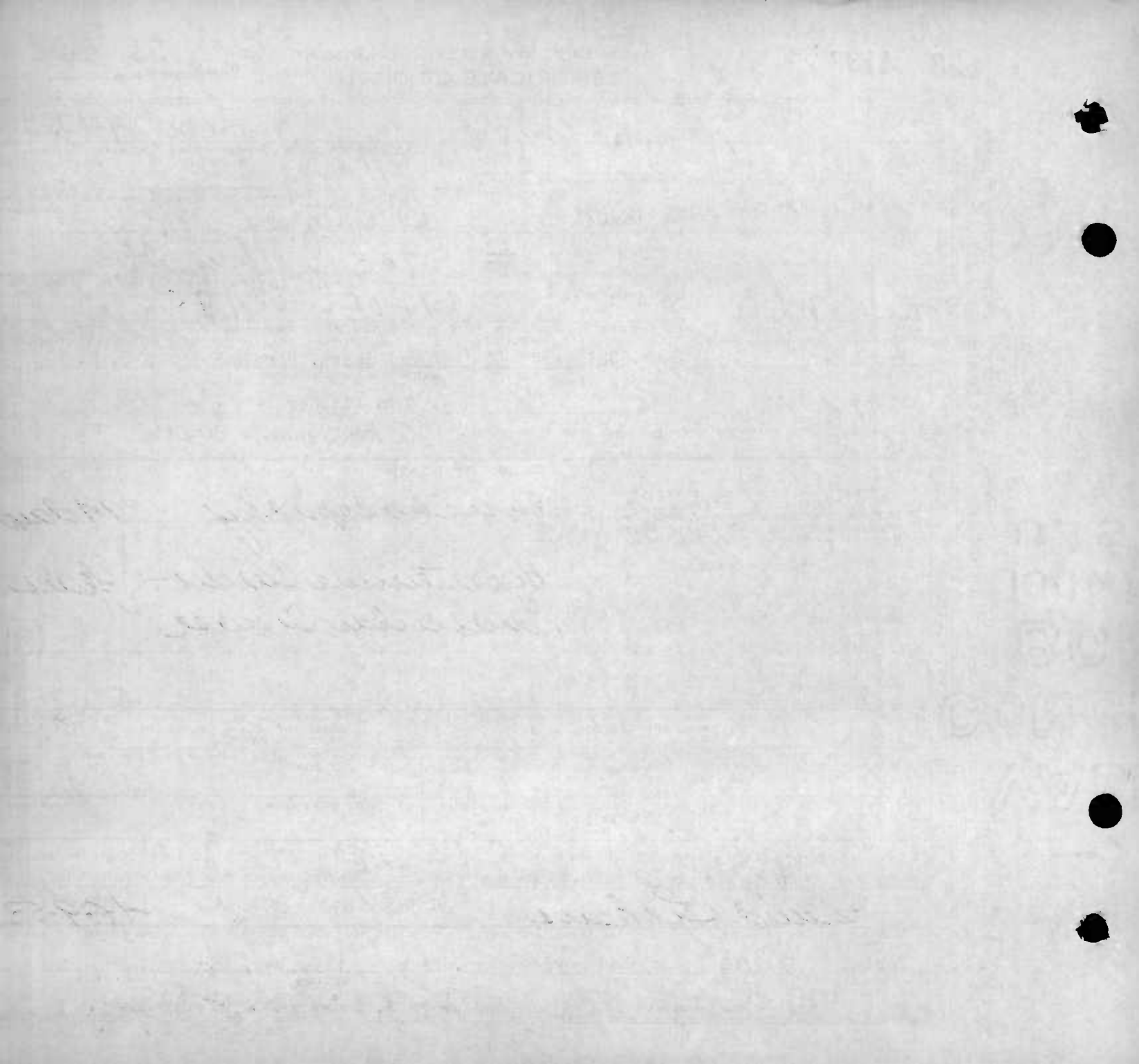
W-410
53 4192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4192
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Joseph Wolf		Apr-29-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25			
c. Length of stay in Baltimore 47		D. STREET ADDRESS (If rural, give location) 908 Jeffrey St.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 7-17-05	9. AGE (In years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Beth. Shipyard		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Joseph Wolf		14. MOTHER'S MAIDEN NAME Emma Fischer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Encephalopathy DUE TO (B) Hypertensive Cardio-vascular disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 14 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-13 to 4-29, 1953, to 4-29, 1953, that I last saw the deceased alive on 4-29, 1953, and that death occurred at 4 m., from the causes and on the date stated above.					
23A. SIGNATURE David Liebowitz M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4-29-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/2/53		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park	
24D. LOCATION (City, town, or county) Dorsey, Maryland		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George J. Gonce	
VS 150		5543U		4001 Ritchie Hwy. Baltimore 25, Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4193**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Thompson Davison

2. DATE
OF
DEATH

May 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION Long Green Nursing Home location)

115 E. Melrose Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1514 Park Ave.

c. Length of stay in Baltimore Life

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 29, 1874

9. AGE (In years

78 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

George W. Davison

14. MOTHER'S MAIDEN NAME

Sophie Bond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Geo. P. Thomas 200 Ridgewood Rd.

18. 190X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Melanotic Sarcoma

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6/12/52

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14/46, 19, to 5/1/53, 19, that I last saw the
deceased alive on 4/24/53, 19, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Francis W. Gluck

23B. ADDRESS

M. D.

100 W. University Plwy.

23C. DATE SIGNED

May 1, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons 1900 Eutaw Place

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

Cause of Death

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4194
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Belle Hendrickson

2. DATE
OF
DEATH April 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Melchor Nursing Home
2327 N. Charles St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
1729 Linden Ave.

C. CITY OR TOWN (If outside corporate limits, state RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

1729 Linden Ave.

c. Length of stay in Baltimore

life

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 25, 1870

9. AGE (In years;
last birthday)

83

If Under 1 Year
Months: Days

00

5

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

David Kaufman

14. MOTHER'S MAIDEN NAME

Celia Cousins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. Kaufman, Riviera Apts.

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 week

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1953, to April 30, 1953, that I last saw the deceased alive on April 30, 1953, and that death occurred at 1:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Hendrickson

M. D.

23B. ADDRESS

2322 Eutaw Place

23C. DATE SIGNED

5-1-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

May 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cem.

24D. LOCATION (City, town, or county) (State)

3600 E. Baltimore St.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

David R. Martin, 1902 Eutaw Place

VS 150

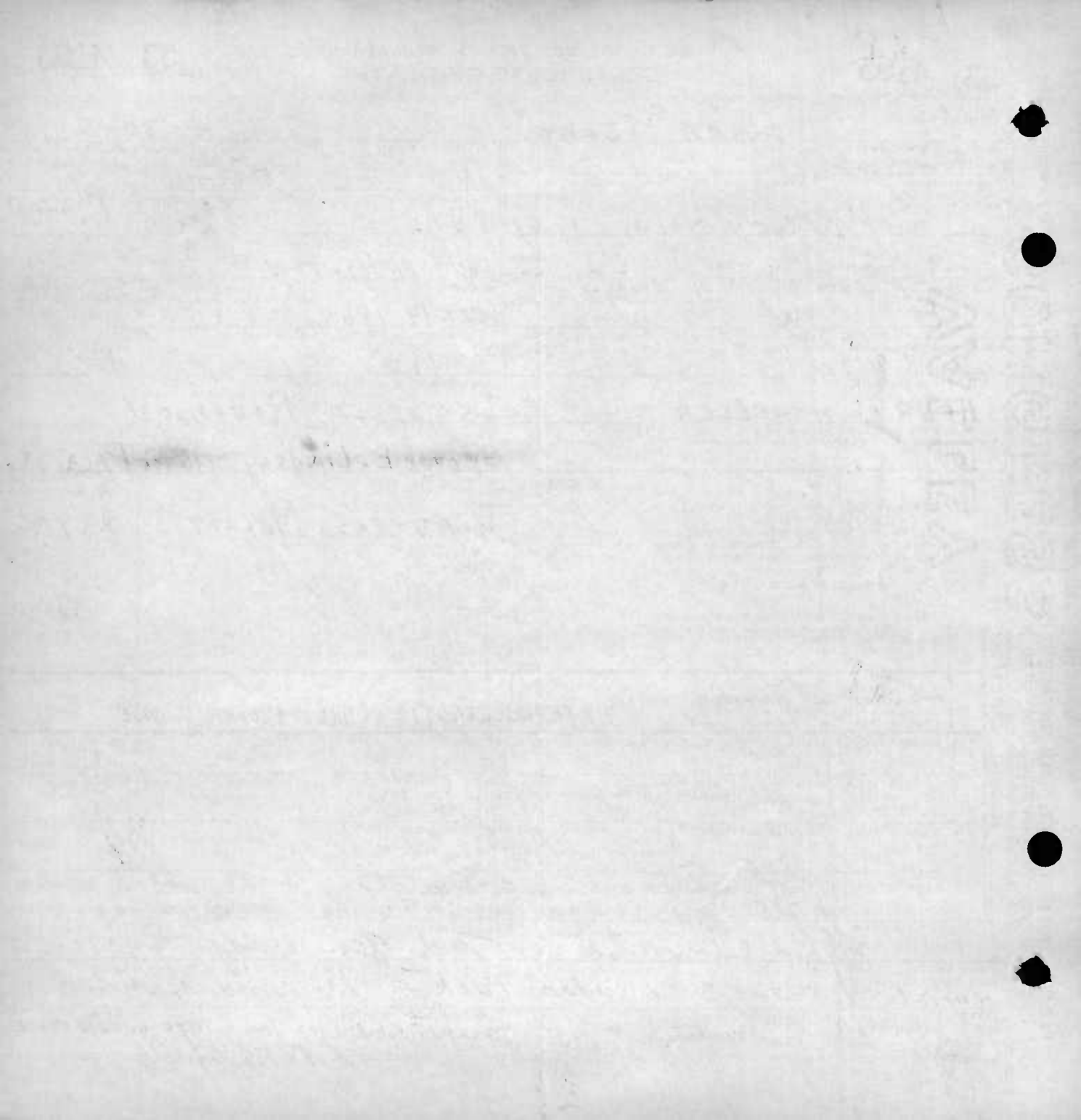
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 4195**

1. NAME OF DECEASED (Type or Print) EMMA S. SELBY		2. DATE OF DEATH 4-30-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION MD. GEN. HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
c. Length of stay in Baltimore 83 Yrs. Mo. Days		D. STREET ADDRESS (If rural, give location) 1609 N. HILTON #16	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH SEPT. 19, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. WIFE		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME HENRY SCHESLER		14. MOTHER'S MAIDEN NAME ISABELLA ROBINSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT George E. Lindsay		ADDRESS 114 N. PAPA ST.	
18. 260X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) DIABETES MELLITUS DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			INTERVAL BETWEEN ONSET AND DEATH 2 YRS.
19A. DATE OF OPERATION 5-2-53		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-26, 1953 , to 4-30, 1953 , that I last saw the deceased alive on 4-30, 1953 , and that death occurred at 12:05 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE J. Duckworth M. D.		23B. ADDRESS MD. Gen. Hosp.	
23C. DATE SIGNED 4-30-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-2-53	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		ADDRESS 1900 Eutaw Place	
		7713 Mitchell	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4196

53 4196
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

ALBERT W. HILLEARY, Sr.

2. DATE
OF
DEATH

4/30/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore City.*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE *Md.*B. COUNTY *Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION *Franklin Square Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Halethorpe**5200*

D. STREET ADDRESS (If rural, give location)

4612 Linden av.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed.

8. DATE OF BIRTH

*1-28-1882*9. AGE (In years
last birthday)*71*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Inspector (rtd)*10B. KIND OF BUSINESS OR
INDUSTRY*Air Plane Mfg.*

11. BIRTHPLACE (State or foreign country)

*W. Virginia.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

John F. Hilleary.

14. MOTHER'S MAIDEN NAME

*Jda E. Harrison.*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.

17. INFORMANT

Dr. Albert W. Hilleary, Jr.

ADDRESS

*Halethorpe
4612 Linden Av*18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral Hemorrhage.*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hyp. c. v. disease.*
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) *Arteriosclerosis.*
Thelus.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-25*, 19*52*, to *4-30*, 19*53* that I last saw the
deceased alive on *4-30*, 19*53*, and that death occurred at *1:05 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. Schmitt

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

*4-30-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

5/4/1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

*Balto., Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons

ADDRESS

Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 11, 1911.

REPORT OF THE ATTORNEY GENERAL, JAMES C. CLARK, FOR THE YEAR 1910.

ALBANY: JAMES B. CLARK, PRINTING OFFICE, 1911.

THE STATE OF NEW YORK,
COUNTY OF ALBANY.

I, JAMES C. CLARK, ATTORNEY GENERAL, do hereby certify that the foregoing is a true and correct copy of the report of the Attorney General for the year 1910, as the same appears from the original filed in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of my office, at Albany, New York, this 11th day of January, 1911.

JAMES C. CLARK, ATTORNEY GENERAL.

By _____, Secretary.

ALBANY, N. Y., JANUARY 11, 1911.

REPORT OF THE ATTORNEY GENERAL, JAMES C. CLARK, FOR THE YEAR 1910.

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JAMES C. CLARK, ATTORNEY GENERAL.

By _____, Secretary.

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MARGIN RESERVED FOR BINDING

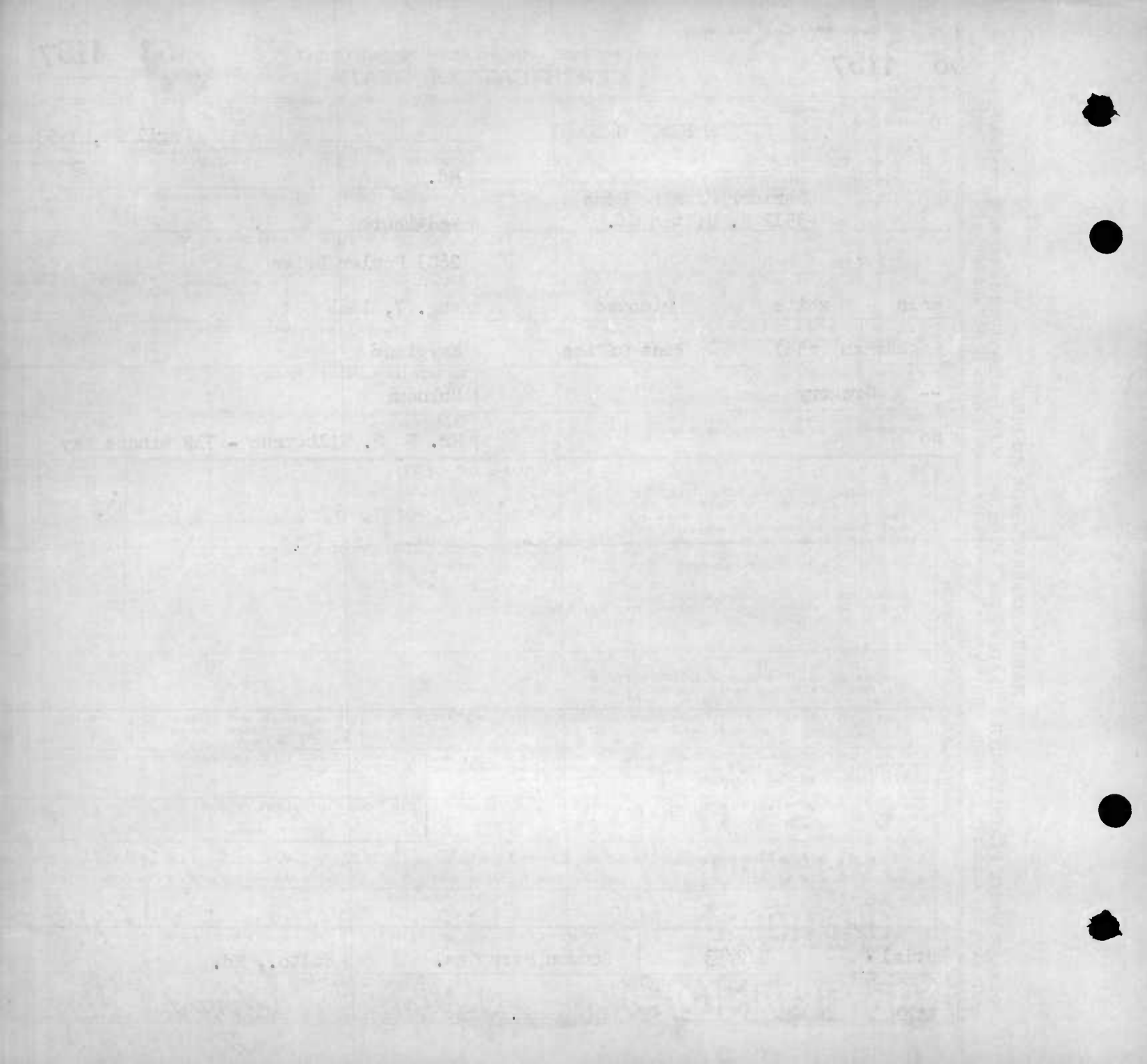
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-626

53 4197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4197
Registered No.

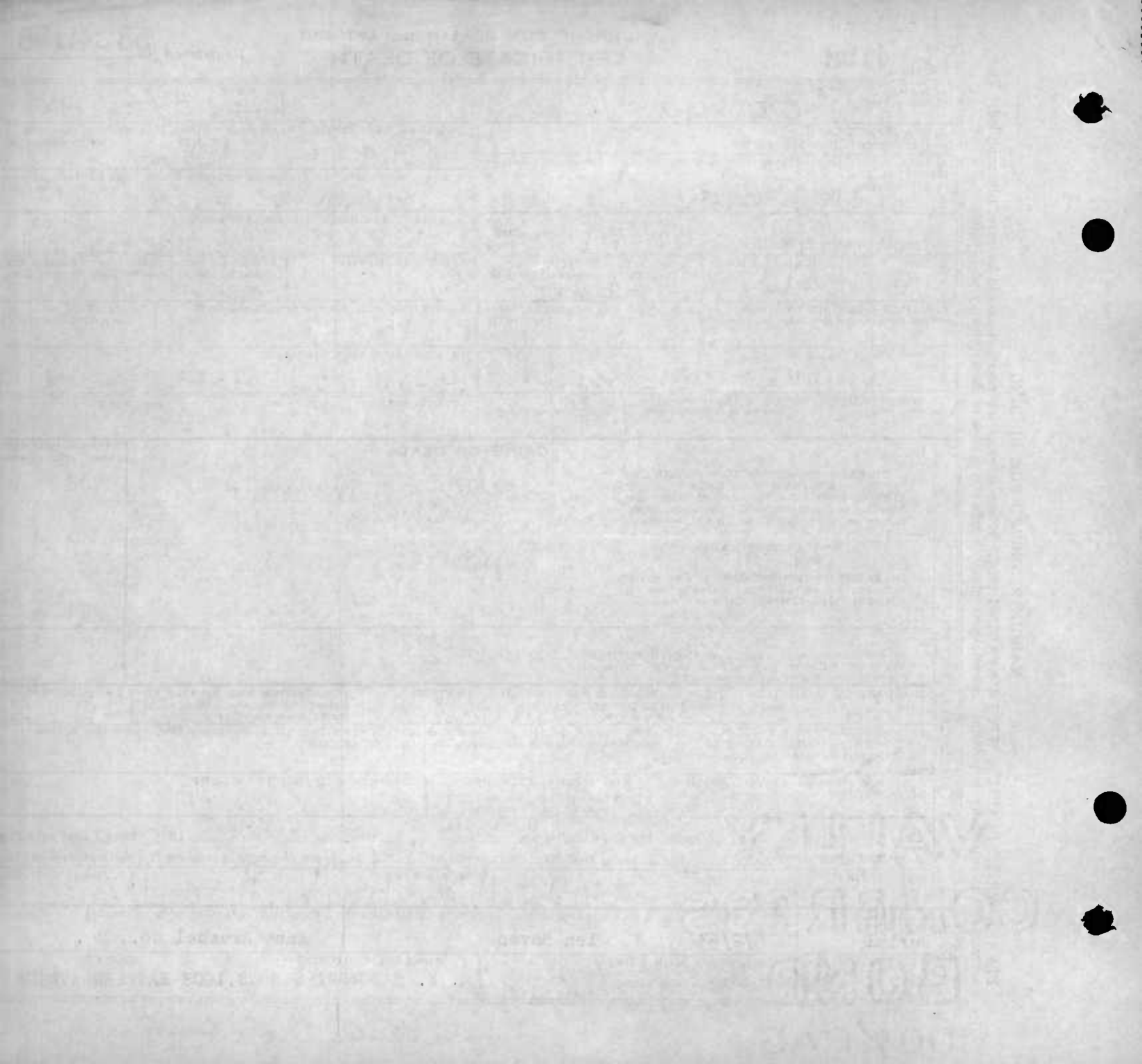
BIRTH NO.			1. NAME OF DECEASED (Type or Print) ELWOOD BEACH GREGORY			2. DATE OF DEATH April 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore					
B. FULL NAME OF HOSPITAL OR INSTITUTION Shriner Nursing Home 3512 N. Hilton St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lochmont 5300					
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2603 Poplar Drive					
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug. 7, 1864	9. AGE (In years, last birthday) 88	10 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roundsmen (rtd)		10B. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME -- Gregory				14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. E. O. Milbourne - 712 Winans Way				
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-vascular disease advanced atherosclerosis			CAUSE OF DEATH (A) Cardio-vascular disease advanced atherosclerosis DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH about 5 yrs 10 yrs					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1933 to Apr 29, 1953 , that I last saw the deceased alive on Apr 28, 1953 , and that death occurred at 14 m., from the causes and on the date stated above.								
23A. SIGNATURE Huntington Williams, M.D.				23B. ADDRESS 2220 Garrison Blvd		23C. DATE SIGNED May 1/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/2/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Tinkner & Sons		ADDRESS Balto. 17, Md.		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

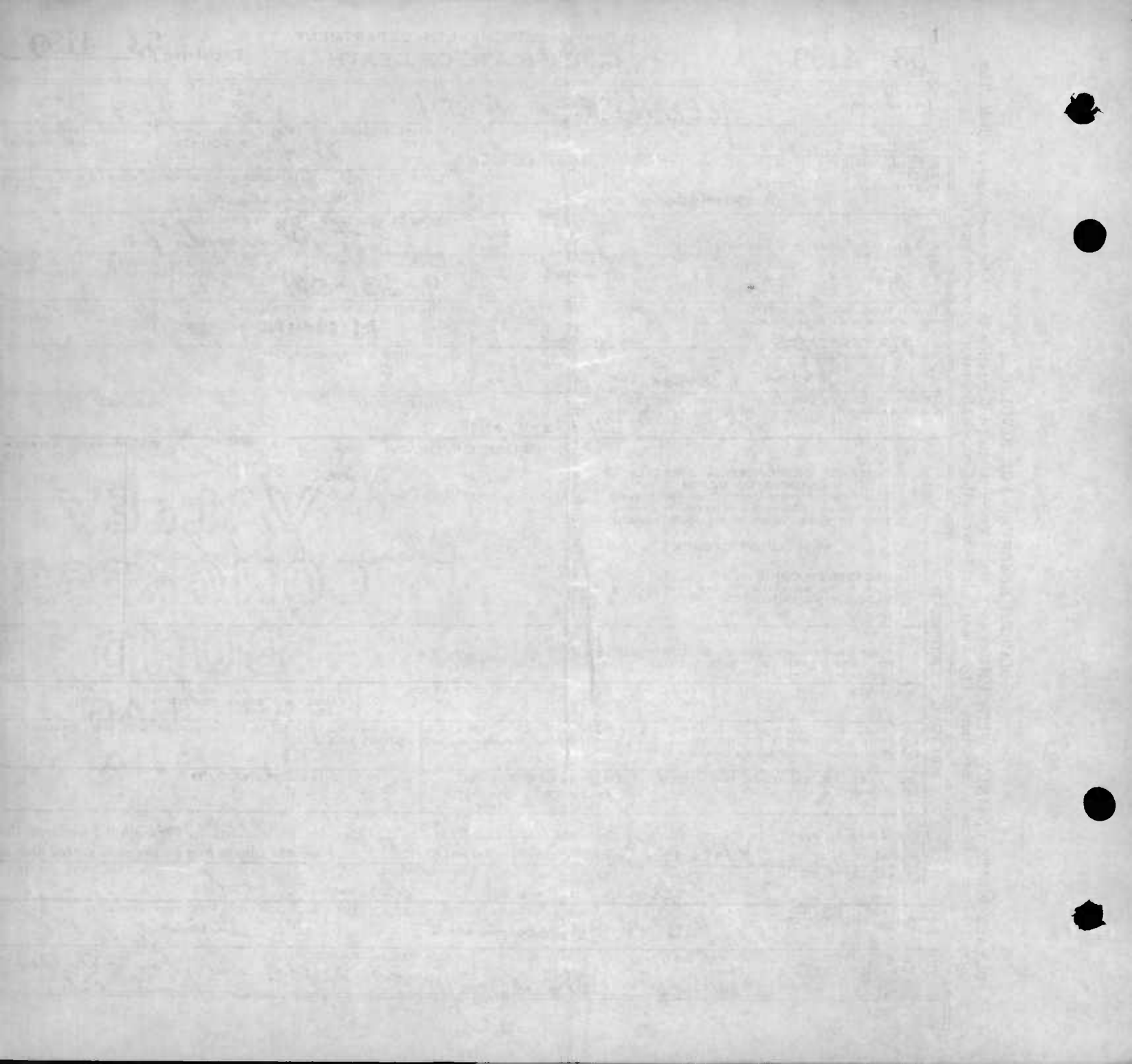
BALTIMORE CITY HEALTH DEPARTMENT				53 4198		Registered No. 53 4198	
CERTIFICATE OF DEATH							
1. NAME OF DECEASED (Type or Print) KOTOWSKI, ANNA				2. DATE OF DEATH 4/29/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto			
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 UNIV. HOSP.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore # 392-01			
C. Length of stay in Baltimore 39				D. STREET ADDRESS (If rural, give location) 128 E. Montgomery St			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9/29/08	9. AGE (In years last birthday) 44		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME WALTER ODIESKI				14. MOTHER'S MAIDEN NAME ALEXANDRA REFUCKEWICZ			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			
18. 022X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Aortic aneurysm, ruptured DUE TO (B) Syphilis DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH ? ?							
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 4/29/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Aortic aneurysm		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/21/53 to 4/29/53, that I last saw the deceased alive on 4/29/53, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23A. SIGNATURE J. J. Smith, Jr. M.D.				23B. ADDRESS 1111 Harrison Balto		23C. DATE SIGNED 4/29/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/2/53		24C. NAME OF CEMETERY OR CREMATORY Glen Haven		24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE Charles D. Sadowski			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-425 53 4199 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4199	
1. NAME OF DECEASED (Type or Print) ALEXANDER, RUTH			2. DATE OF DEATH 4/29/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 9A Glenwood Rd					
c. Length of stay in Baltimore 8 Yrs. Days					
5. SEX F	6. COLOR OR RACE W	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 9-23-02	9. AGE (In years last birthday) 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri	
13. FATHER'S NAME John Farrow			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-30-3768		17. INFORMANT ADDRESS	
18. 581.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lauree's Cirrhosis DUE TO ANTECEDENT CAUSES Chronic Alcoholism DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH ?		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/8 19 53 , to 4/29 , 19 53 that I last saw the deceased alive on 4/29 , 19 53 and that death occurred at 2:50 P m., from the causes and on the date stated above.					
23A. SIGNATURE G. Alderman			23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED 4/29/53
24A. BURIAL (CREMATION) REMOVAL (Specify)		24B. DATE 5/12/53		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953		REGISTRAR'S SIGNATURE Huntington Willis		25. FUNERAL DIRECTOR James Kyle ADDRESS 2611 Fairview Ave Balt, Md.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4200
Registered No. _____

BIRTH NO. 52-28904

1. NAME OF DECEASED (Type or Print) DARLENE G. LEHMUTH			2. DATE OF DEATH APRIL 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore SINCE BIRTH 5 MO. Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2624 MAEMPLE LANE		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11/11/52	9. AGE (In years last birthday) 5 mo	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10B. KIND OF BUSINESS OR INDUSTRY infant	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CHARLES L. LEHMUTH			14. MOTHER'S MAIDEN NAME LILLIAN - Webb		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Hospital Records ADDRESS _____		

18. 754.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHIAL PNEUMONIA	CAUSE OF DEATH (A) BRONCHIAL PNEUMONIA AND (B) CONGENITAL HEART DISEASE With Intra-ventricular septal Defect and cardiac hypertrophy (C) AND FAILURE	INTERVAL BETWEEN ONSET AND DEATH 7 DAYS SINCE Birth
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		MONGOLI ANISM SINCE Birth

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **APRIL 29 1953** to **April 29, 1953**, that I last saw the deceased alive on **April 29, 1953** and that death occurred at **2 PM** m., from the causes and on the date stated above.

23A. SIGNATURE William D. Pearson M.D.		23B. ADDRESS Lutheran Hospital of Maryland		23C. DATE SIGNED 4/29/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/5/53	24C. NAME OF CEMETERY OR CREMATORY Greenwood Park	24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 - 1953		25. FUNERAL DIRECTOR Huntington Williams, M.D. ADDRESS H. B. Whippert & Son 1300 Eutaw Place		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

1950

THE
UNITED STATES

DEPARTMENT OF THE ARMY
WASHINGTON, D. C.

OFFICE OF THE
CHIEF OF STAFF

MEMORANDUM FOR THE
CHIEF OF STAFF

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FVJ 169817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 4201

BIRTH NO. 53 4201 53-09611

1. NAME OF DECEASED
(Type or Print)

Baby Girl - Odell Cunningham

2. DATE
OF
DEATH

4-26-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1721 Ellsworth Street

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-25-1953

9. AGE (In years
last birthday)

1 day

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Archie Lawson

14. MOTHER'S MAIDEN NAME

Odell Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
B.C.H. 4940 Eastern Ave. (records)

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25-, 1953 to 4-26-, 1953, that I last saw the
deceased alive on 4-26-, 1953, and that death occurred at 2:15 AM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M.D.

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

4-26-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

cremated

24B. DATE

4-29-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave., Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

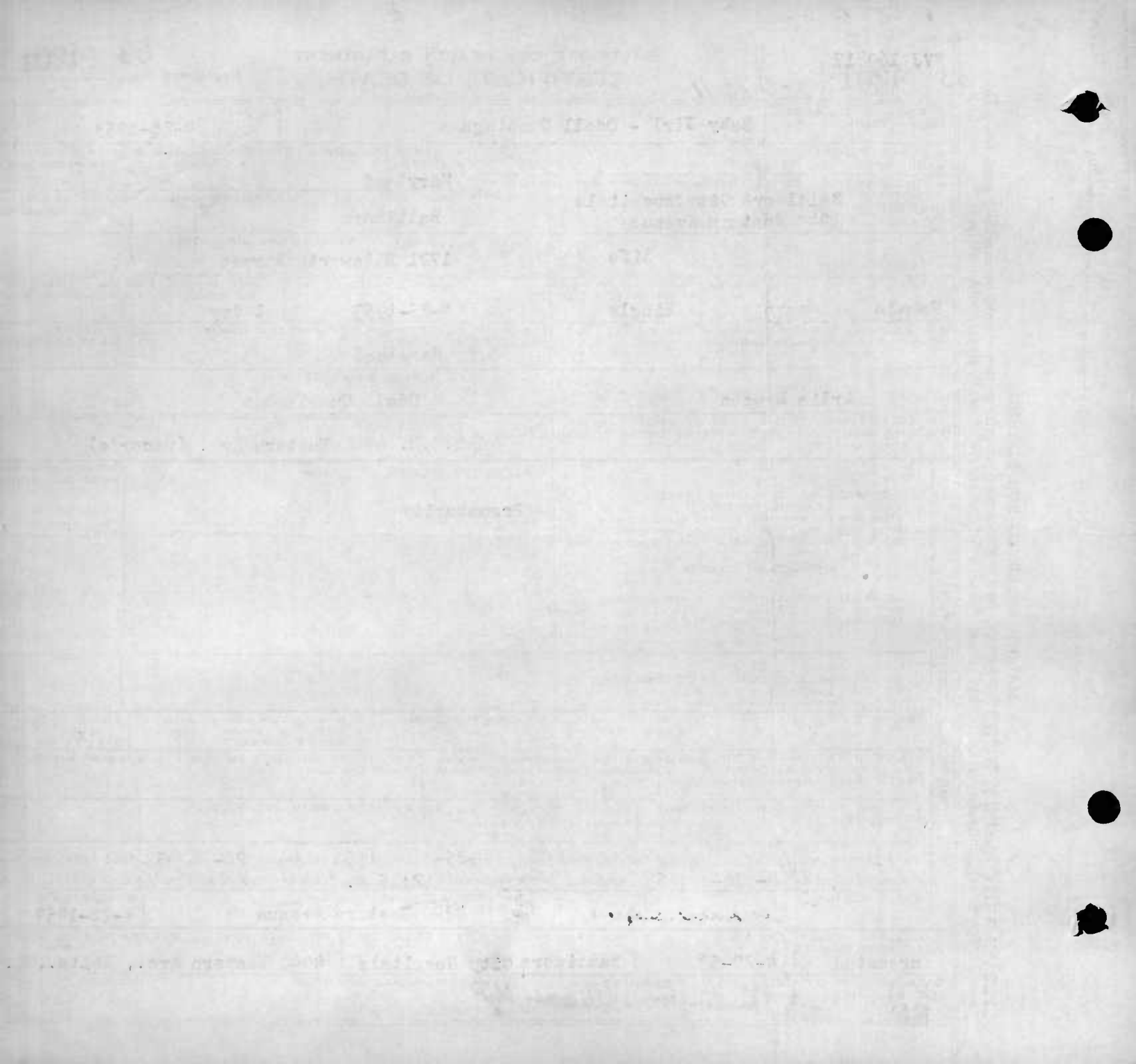
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

MAY 2 1953



MARGIN RESERVED FOR BINDING

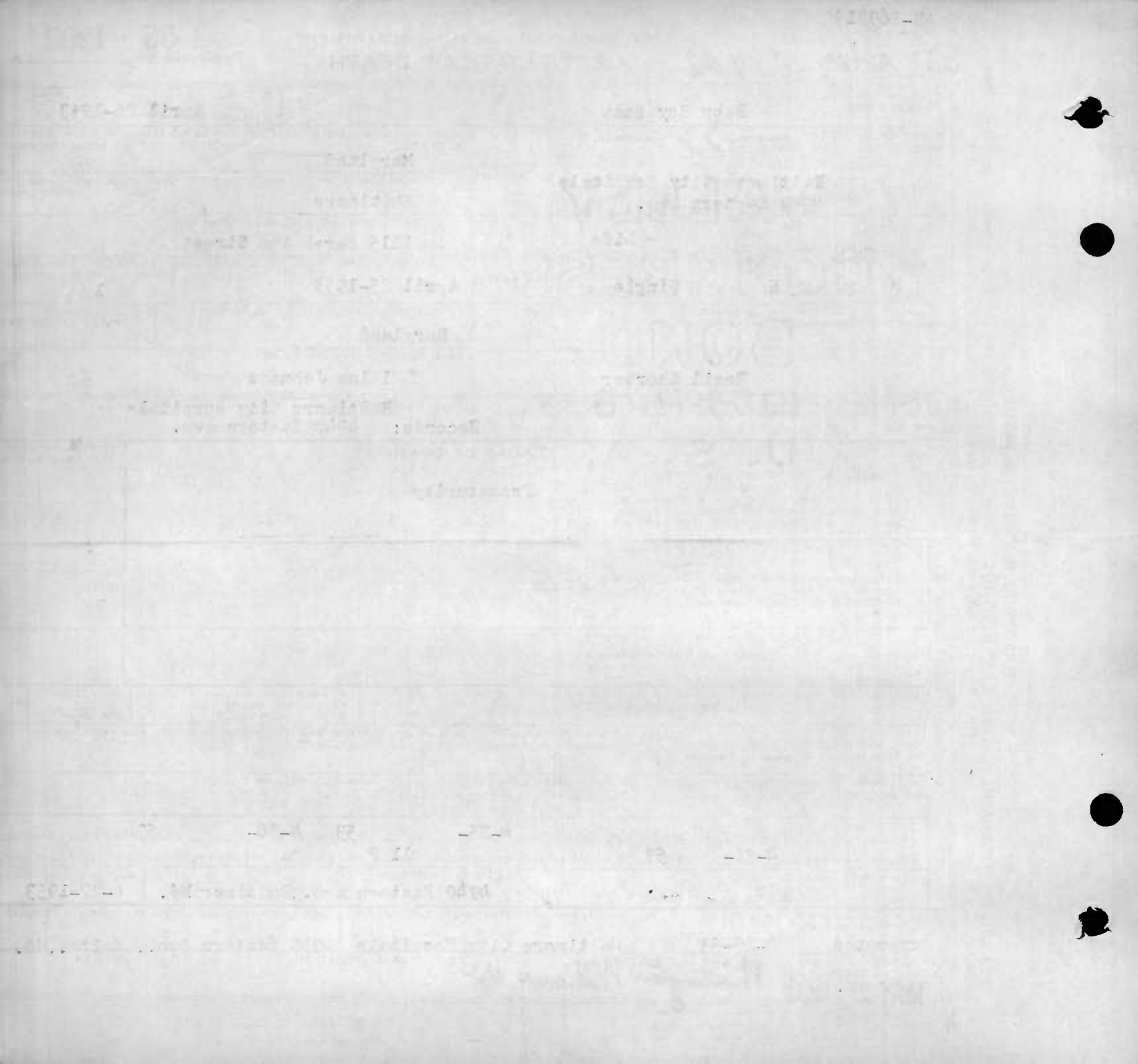
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-169815

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4202
Registered No.

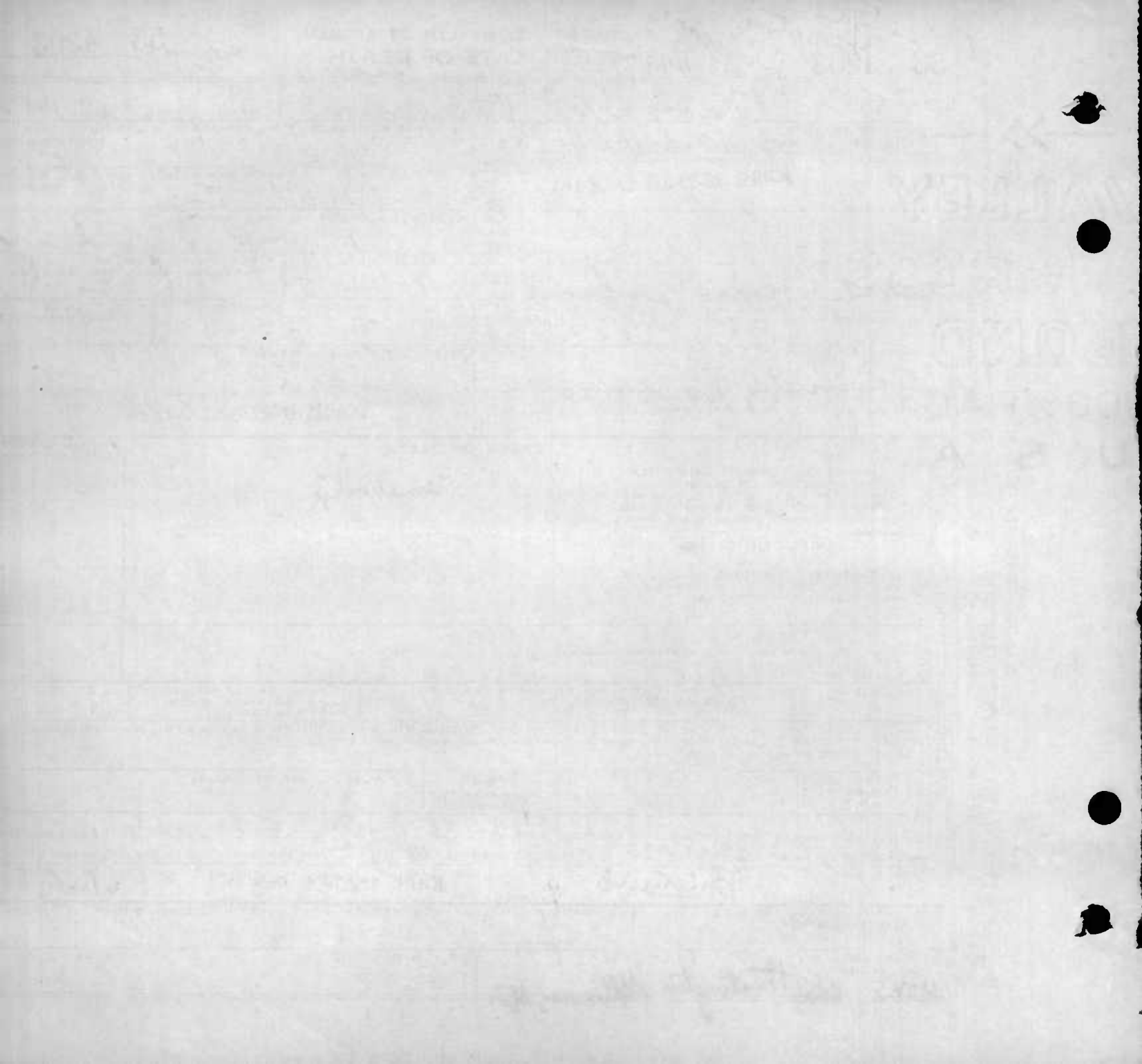
1. NAME OF DECEASED (Type or Print) Baby Boy Shaw			2. DATE OF DEATH April 26-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. 0 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 1115 Sarah Ann Street		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 25-1953		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bazil Shorter			14. MOTHER'S MAIDEN NAME Elaine Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMED BY Baltimore City Hospitals Records: 4940 Eastern Ave.		
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Prematurity INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-25 , 19 53 , to 4-26 , 19 53 that I last saw the deceased alive on 4-26 , 19 53 and that death occurred at 11 P m. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Ave., Baltimore Md.		23C. DATE SIGNED 4-27-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated		24B. DATE 4-29-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department				Registered No. 53 4203	
B-2710 Hospital. Disposal 513-11497				CERTIFICATE OF DEATH (Jessie)	
1. NAME OF DECEASED (Type or Print) Baby Girl Buckson				2. DATE OF DEATH April 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Bed-HLH Pre.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1834 Rutland Ave	
5. SEX Female		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH 4-26-53	
13. FATHER'S NAME Samuel Buckson				14. MOTHER'S MAIDEN NAME Jessie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.	
17. INFORMANT				ADDRESS JOHNS HOPKINS HOSPITAL	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Prematurity DUE TO				CAUSE OF DEATH	
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-26-53, 1953, to 4-28-53, 1953, that I last saw the deceased alive on 4-28-53, 1953 and that death occurred at 10:45 a.m., from the causes and on the date stated above.					
23A. SIGNATURE J. Huntington		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. ADDRESS		24F. FUNERAL DIRECTOR	
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 1953		REGISTRAR'S SIGNATURE J. Huntington		25. FUNERAL DIRECTOR ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT				53 4204	
CERTIFICATE OF DEATH					
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH	
Baby Girl King				Apr. 29-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (if rural, give location) 247 S. Durham St		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4-27-53	9. AGE (In years, last birthday) 2	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Aldonia King		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Prematurity		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-27-1953, to 4-29-1953, that I last saw the deceased alive on 4-29-1953, and that death occurred at 8:45 m., from the causes and on the date stated above.					
23A. SIGNATURE Huntington			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4/30/53
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Forest Burial		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

1051

1051

1051



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4205	
BIRTH NO. B-400 53 4205					
1. NAME OF DECEASED (Type or Print) Dall, Dorothy T.			2. DATE OF DEATH 4/30/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY St. Mary's		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Indigo		
c. Length of stay in Baltimore ?			D. STREET ADDRESS (If rural, give location) St Mary's Co. Md.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1910	9. AGE (In years last birthday) 42	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife			11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Wilson Spicer			14. MOTHER'S MAIDEN NAME Emily, Medley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Jos. Ball St Mary's Co. Md.			ADDRESS		
18. 401.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) Acute Rheumatic Heart Dis DUE TO (B) Pericarditis DUE TO (C) Pneumonia		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ?		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/21, 1953 to 4/30, 1953 , that I last saw the deceased alive on 4/30, 1953 and that death occurred at 1:35 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Level J. Jr. M.D.			23B. ADDRESS University Hosp.		23C. DATE SIGNED 5/1/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/4/53	24C. NAME OF CEMETERY OR CREMATORY St Indigo		24D. LOCATION (City, town, or county) (State) St Mary's Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.	
VS 150 Geo. G. Kelson					



MARGIN RESERVED FOR BINDING

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L-523
53 4206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4206

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel Mahrenholz Langgood
MAHREN HOLZ ETHEL

2. DATE
OF
DEATH

5-1-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2351 FREDERICK AVE

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1897

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

PENNA

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

George

FLYSHER

14. MOTHER'S MAIDEN NAME

Nettie Ticknor
ANNE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Phila. 20. Pa.

Mrs. Nettie James 4605 Whitaker Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

C.U.A.

8 DAYS

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UREMIA

CIRRHOSIS OF LIVER

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1 1953 to 5-1 1953 that I last saw the deceased alive on 5-1 1953 and that death occurred at 5:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Benj. G. Adelsheim M.D.

23B. ADDRESS

Blumstein Hosp.

23C. DATE SIGNED

5-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5.5.53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

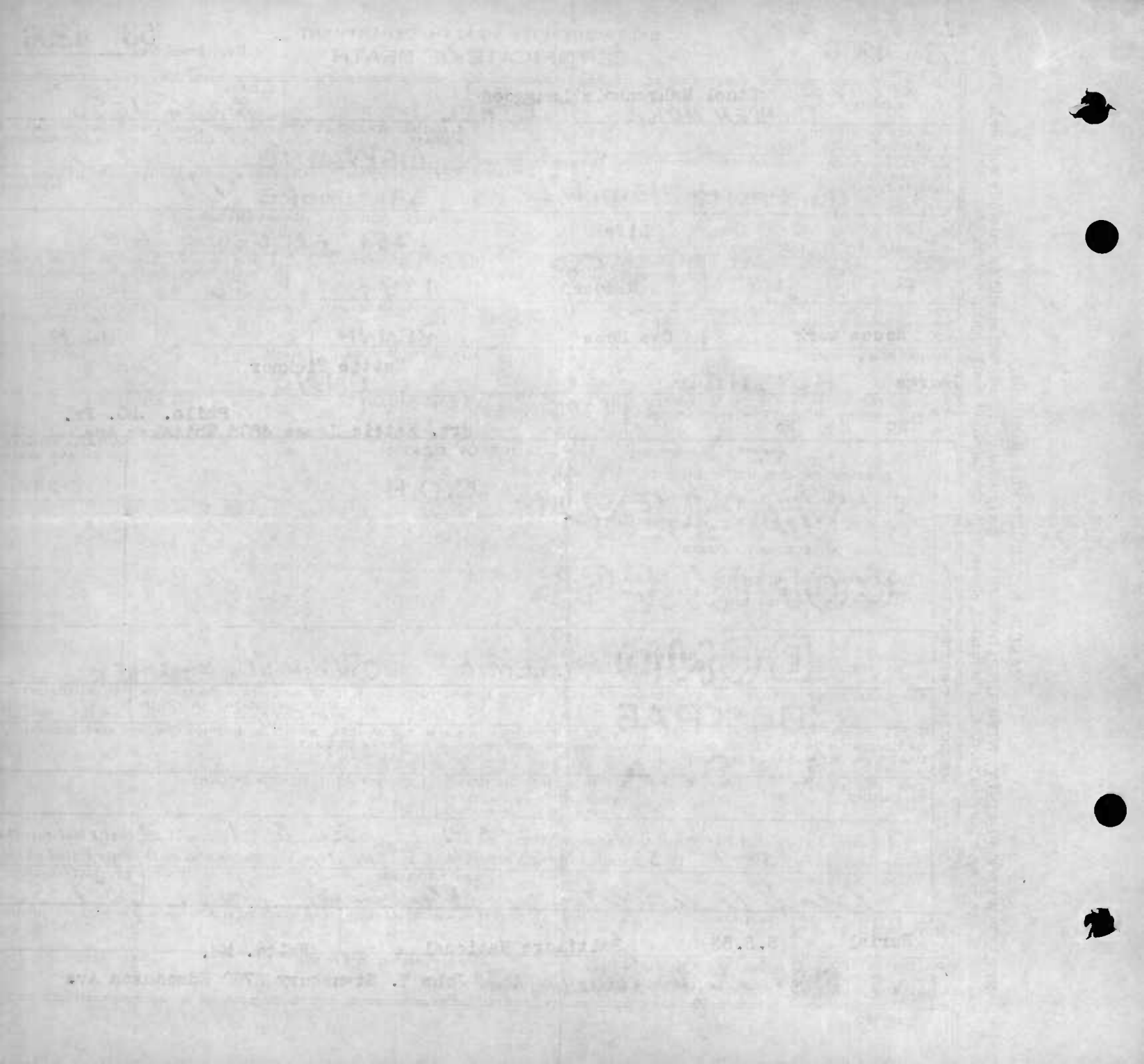
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

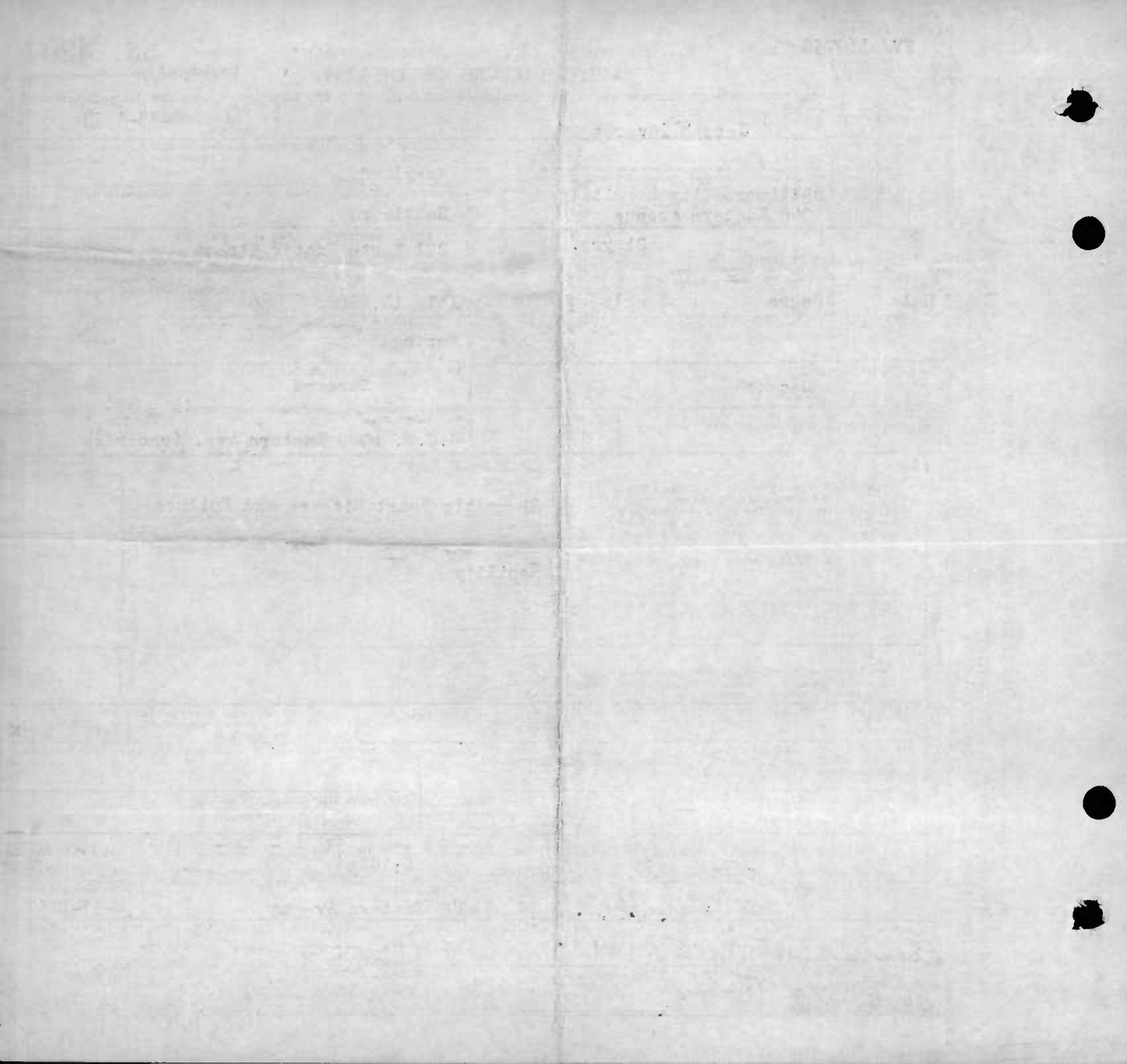
John T. Stansbury 2700 Edmondson Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-162 FVJ 169758 53 4207 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4207 Registered No.	
1. NAME OF DECEASED (Type or Print) Joseph Tavares			2. DATE OF DEATH 4-23-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 21 yrs.			D. STREET ADDRESS (If rural, give location) 271 North Exeter Street		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 14, 1866	9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Portugal		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Decease			14. MOTHER'S MAIDEN NAME Decease		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)		
18. 416x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Rheumatic Heart Disease and Failure DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Senility DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-23-1953 to 4-23-1953 , that I last saw the deceased alive on 4-23-1953 , and that death occurred at 6:10 AM , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 4-23-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/2/53		24C. NAME OF CEMETERY OR CREMATORY mt Calverys cem	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 2		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Wilson		24H. ADDRESS Wilson		24I. SIGNATURE Wilson	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4208

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lincoln Memorial Hosp.

c. Length of stay in Baltimore

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWER, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 6, 1863

9. AGE (In years
last birthday)

89

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT'S NAME AND ADDRESS

Mrs. Mary E. Jones, 844 E. Read St.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

OUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

OUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1952, to 4-30, 1953, that I last saw the
deceased alive on 4-30, 1953, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF TEXAS
DEPARTMENT OF HEALTH

STATE OF TEXAS
DEPARTMENT OF HEALTH

THIS IS TO CERTIFY THAT
the within and foregoing
is a true and correct
copy of the original
as the same appears
from the records of
the Department of Health
of the State of Texas.

WITNESSED my hand and seal
this _____ day of _____
A.D. 19____

Director

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F632 4209		DeLe Vergne Freitag BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4209 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>DeLe Vergne Freitag</i>		2. DATE OF DEATH <i>5/1/63</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Balt.</i> B. COUNTY <i>Annapolis</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (If rural, give location) <i>West Annapolis Blvd</i>		E. DATE OF BIRTH <i>5/13/1918</i>	
C. Length of stay in Baltimore <i>all his life</i>		F. AGE (In years last birthday) <i>35</i>		G. Under 1 Year Months: Days	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Museum</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Wm F Sr</i>		14. MOTHER'S MAIDEN NAME <i>Smith</i>		12. CITIZEN OF WHAT COUNTRY? <i>Amer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr F. Freitag</i>	
18. <i>32210</i>		CAUSE OF DEATH		ADDRESS <i>St. 984 Belgian av.</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cardiac dilatation</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) <i>acute alcoholism</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/30/63</i> , 19 <i>63</i> , to <i>5/1</i> , 19 <i>63</i> , that I last saw the deceased alive on <i>5/1</i> , 19 <i>63</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Marshall Decker</i>		23B. ADDRESS <i>2225 Linden</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5-4-63</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Memorial</i>	
24D. LOCATION (City, town, or county) (State) <i>Balt. Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Moreland Memorial</i>		24F. LOCATION (City, town, or county) (State) <i>Balt. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 2 1963</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24G. NAME OF CEMETERY OR CREMATORY <i>Moreland Memorial</i>	
24H. ADDRESS <i>1217 St. Paul St</i>		24I. ADDRESS <i>1217 St. Paul St</i>		24J. ADDRESS <i>1217 St. Paul St</i>	

VS 150

0578M

Dr Le Vergne

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-350
53 4210BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4210

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA

KEYTON

2. DATE
OF
DEATH May 1, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write full name of city and township)
Baltimore

D. STREET ADDRESS (If rural, give location)

514 W. Mulberry Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 25-1894

9. AGE (in years
last birthday)

58

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John H. Keyton

14. MOTHER'S MAIDEN NAME

Anna Schline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elmer Keyton - 514 W. Mulberry

18. 353.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Epilepsy

XXXXX

ANTECEDENT CAUSES

(B) Hypertensive cardiovascular disease

XXXXX

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) Obesity

11

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Keyton

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☒23C. DATE SIGNED
May 1, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 4-1953

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 1953

REGISTRAR'S SIGNATURE

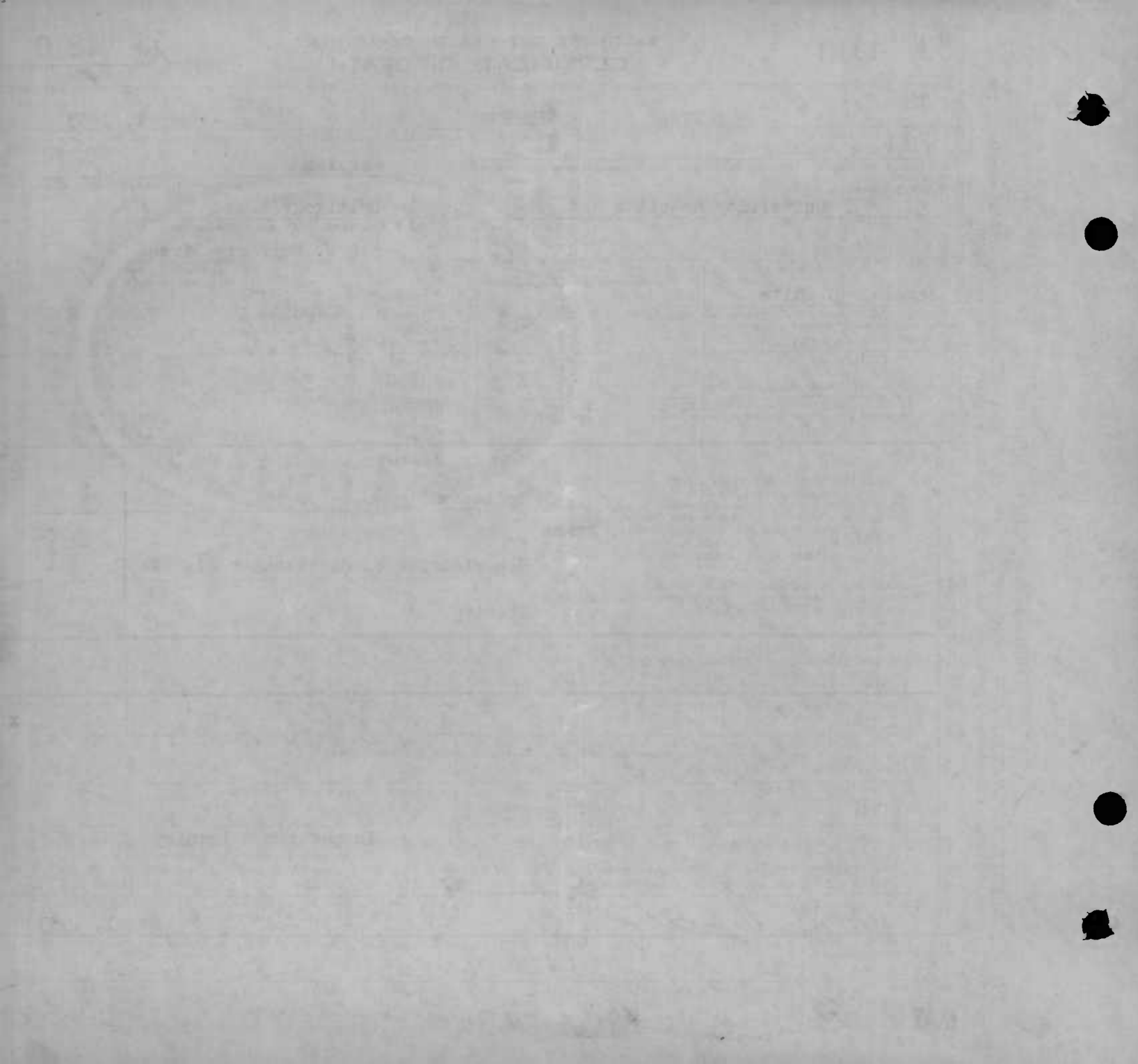
Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

153 Wm Cook Inc 1217 St Paul St

V S 151

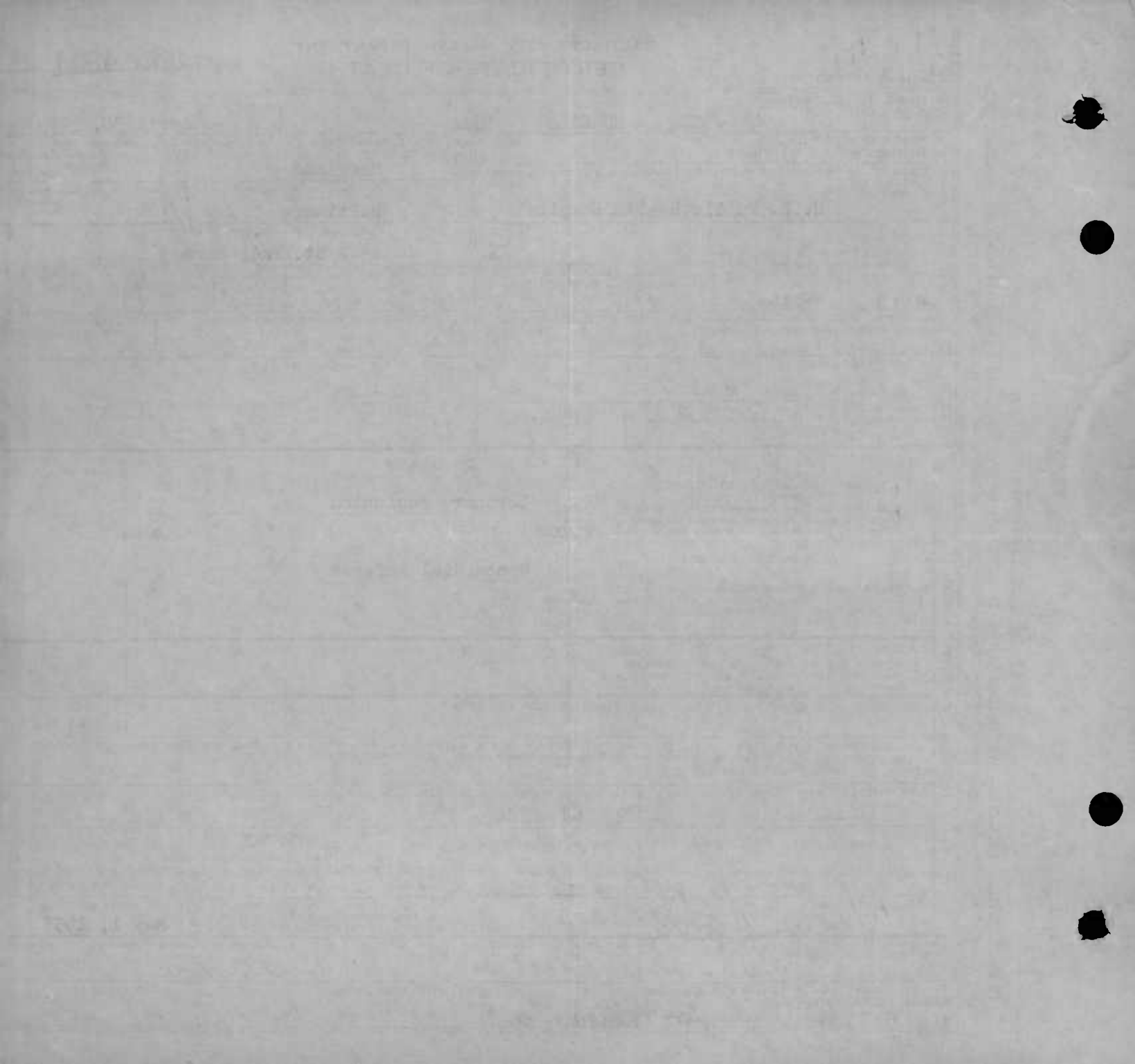


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4211

H-400 53 4211 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. <u>53 4211</u>	
1. NAME OF DECEASED (Type or Print) FRED RUSSELL HALL			2. DATE OF DEATH April 30, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-25		
B. FULL NAME OF (If not in hospital or institution, give street address or location) U. S. Public Health Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1302 St. Paul Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Sept 11 - 1914	9. AGE (in years last birthday) 38	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Seaman		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Orleans La	
13. FATHER'S NAME William Hall			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Irene E
17. INFORMANT Clayton B Hall			ADDRESS		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion (A) Myocardial infarct ANTECEDENT CAUSES (B) Myocardial infarct DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Booth		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 1, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 4 - 1953		24C. NAME OF CEMETERY OR CREMATORY Moreland	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Wm Cook Inc - 1217 St Paul St			
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 673-55	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4212**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**John C. Masson**2. DATE
OF DEATH**5/1/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE**1628 Shadyside Rd.**Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1628 Shadyside Rd.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/6/1893

9. AGE (In years last birthday)

59

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attorney

10B. KIND OF BUSINESS OR INDUSTRY

Law

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John C. Masson

14. MOTHER'S MAIDEN NAME

Agnes Cox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Lucille W. Masson Shadyside Rd18. **334X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Atrophy**5/1/50**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebro-vascular disease**7/1/50**

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 10, 1941**, to **April 29, 1953**, that I last saw the deceased alive on **April 29, 1953**, and that death occurred at **1:25 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Cunningham

M. D.

23B. ADDRESS

Medical Arts Bldg

23C. DATE SIGNED

5/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/4/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Box Inc. 1217 St. Paul St.

ADDRESS

WATSON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED JAMES EARL RAY		2. SEX Male		3. AGE 35	
4. DATE OF DEATH April 4, 1968		5. TIME OF DEATH 2:01 PM		6. PLACE OF DEATH MEMPHIS, TENNESSEE	
7. CAUSE OF DEATH MURDER		8. MANNER OF DEATH HOMICIDE		9. PLACE OF BIRTH MOBILE, ALABAMA	
10. OCCUPATION None		11. MARITAL STATUS Single		12. EDUCATION High School	
13. PREVIOUS ILLNESS None		14. PREVIOUS SURGERY None		15. PREVIOUS TRAUMA None	
16. PREVIOUS DRUGS None		17. PREVIOUS ALCOHOL None		18. PREVIOUS TOBACCO None	
19. PREVIOUS RADIATION None		20. PREVIOUS CHEMOTHERAPY None		21. PREVIOUS HORMONE THERAPY None	
22. PREVIOUS TRANSFUSION None		23. PREVIOUS ORGANS None		24. PREVIOUS TISSUES None	
25. PREVIOUS TISSUES None		26. PREVIOUS TISSUES None		27. PREVIOUS TISSUES None	
28. PREVIOUS TISSUES None		29. PREVIOUS TISSUES None		30. PREVIOUS TISSUES None	
31. PREVIOUS TISSUES None		32. PREVIOUS TISSUES None		33. PREVIOUS TISSUES None	
34. PREVIOUS TISSUES None		35. PREVIOUS TISSUES None		36. PREVIOUS TISSUES None	
37. PREVIOUS TISSUES None		38. PREVIOUS TISSUES None		39. PREVIOUS TISSUES None	
40. PREVIOUS TISSUES None		41. PREVIOUS TISSUES None		42. PREVIOUS TISSUES None	
43. PREVIOUS TISSUES None		44. PREVIOUS TISSUES None		45. PREVIOUS TISSUES None	
46. PREVIOUS TISSUES None		47. PREVIOUS TISSUES None		48. PREVIOUS TISSUES None	
49. PREVIOUS TISSUES None		50. PREVIOUS TISSUES None		51. PREVIOUS TISSUES None	
52. PREVIOUS TISSUES None		53. PREVIOUS TISSUES None		54. PREVIOUS TISSUES None	
55. PREVIOUS TISSUES None		56. PREVIOUS TISSUES None		57. PREVIOUS TISSUES None	
58. PREVIOUS TISSUES None		59. PREVIOUS TISSUES None		60. PREVIOUS TISSUES None	
61. PREVIOUS TISSUES None		62. PREVIOUS TISSUES None		63. PREVIOUS TISSUES None	
64. PREVIOUS TISSUES None		65. PREVIOUS TISSUES None		66. PREVIOUS TISSUES None	
67. PREVIOUS TISSUES None		68. PREVIOUS TISSUES None		69. PREVIOUS TISSUES None	
70. PREVIOUS TISSUES None		71. PREVIOUS TISSUES None		72. PREVIOUS TISSUES None	
73. PREVIOUS TISSUES None		74. PREVIOUS TISSUES None		75. PREVIOUS TISSUES None	
76. PREVIOUS TISSUES None		77. PREVIOUS TISSUES None		78. PREVIOUS TISSUES None	
79. PREVIOUS TISSUES None		80. PREVIOUS TISSUES None		81. PREVIOUS TISSUES None	
82. PREVIOUS TISSUES None		83. PREVIOUS TISSUES None		84. PREVIOUS TISSUES None	
85. PREVIOUS TISSUES None		86. PREVIOUS TISSUES None		87. PREVIOUS TISSUES None	
88. PREVIOUS TISSUES None		89. PREVIOUS TISSUES None		90. PREVIOUS TISSUES None	
91. PREVIOUS TISSUES None		92. PREVIOUS TISSUES None		93. PREVIOUS TISSUES None	
94. PREVIOUS TISSUES None		95. PREVIOUS TISSUES None		96. PREVIOUS TISSUES None	
97. PREVIOUS TISSUES None		98. PREVIOUS TISSUES None		99. PREVIOUS TISSUES None	
100. PREVIOUS TISSUES None		101. PREVIOUS TISSUES None		102. PREVIOUS TISSUES None	

R-500
53 4213BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4213

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN CHARLES KEIM

2. DATE
OF
DEATH

MAY 2, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1715 E. 25TH STREET

c. Length of stay in Baltimore

LIFETIME

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 26, 1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

Butter-Egg-DeLair Market-SELF

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Keim

14. MOTHER'S MAIDEN NAME

AMELIA MALTHAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

UNKNOWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

WIFE

ADDRESS

SAME

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE CARDIOVASCULAR
DISEASE

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

GENERALIZED ARTERIOSCLEROSIS

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

MAY

22. I hereby certify that I attended the deceased from APRIL 22, 1953 to MAY 2, 1953 that I last saw the
deceased alive on MAY 2, 1953, and that death occurred at 3:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

5-3-53

OAKLAWN Cem.

BALTO

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

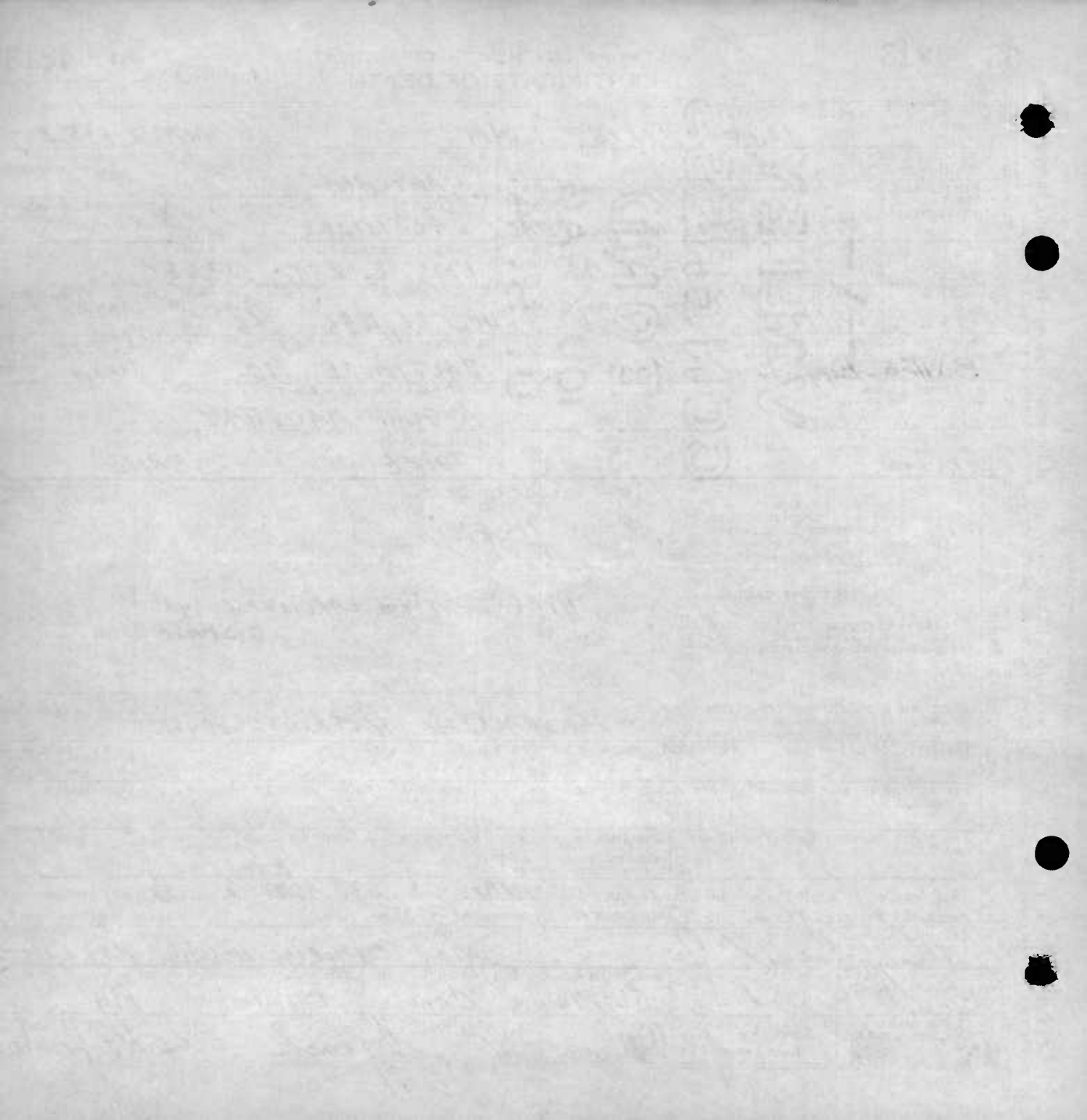
25. FUNERAL DIRECTOR

ADDRESS

MAY 2 1953

Huntington Williams, M.D. Leonard J. Luck

5305 Naylor Rd



W-425
53 4214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4214
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILKENS, MARIE			2. DATE OF DEATH May 1-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balti-city			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy-Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural give location) 430 E. Lorraine Ave.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12.8.09		9. AGE (In years last birthday) 43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office clerk		10B. KIND OF BUSINESS OR INDUSTRY U.S. Navy	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME G. Henry Wilkens			14. MOTHER'S MAIDEN NAME Marie Frank.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT Hospital		

18. 175X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cause due to metastasis		INTERVAL BETWEEN ONSET AND DEATH
(A) CAUSE TO		
ANTECEDENT CAUSES (B) CAUSE TO Carcinoma of ovaries		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CAUSE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4/14/53		19B. MAJOR FINDINGS OF OPERATION Metastasis in abdominal cavity		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/9/53 , 19 53 , to 5/1/53 , that I last saw the deceased alive on 5/1/53 , and that death occurred at 12 noon , from the causes and on the date stated above.					
23A. SIGNATURE O. S. R. R.		23B. ADDRESS Mercy-Hospital		23C. DATE SIGNED 5-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-4-53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) BALTO		24E. STATE Md			
DATE RECEIVED BY LOCAL REGISTRAR MAY 2		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Leonard J. Ruck	
				ADDRESS 5305 Harford	

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2001 BY 60322 UCBAW

1. The first part of the report is a summary of the work done during the period covered by the report. It should state the objectives of the work, the methods used, and the results obtained. It should also mention any difficulties encountered and any suggestions for further work.

2. The second part of the report is a detailed account of the work done. It should be written in a clear and concise manner, and should be supported by evidence. It should also mention any difficulties encountered and any suggestions for further work.

3. The third part of the report is a conclusion. It should state the main findings of the work, and should also mention any difficulties encountered and any suggestions for further work.

L-520
53 4215BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4215
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lanasa, Theodora

2. DATE
OF
DEATH May 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2806 Echodale Avenue #14

c. Length of stay in Baltimore

3 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 3 - 1885

9. AGE (in years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Holland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Van Peowyk.

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Harold Smith - 2806 Echodale

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial infarction

DUE TO

(C) Arteriosclerosis, generalized

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953 to May 1, 1953, that I last saw the
deceased alive on May 1, 1953, and that death occurred at 4:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

R. Rosinelli

M. D.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

May 1, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-4-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem

24D. LOCATION (City, town, or county)

Brooklyn AA Co Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck 5305 Bayford

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

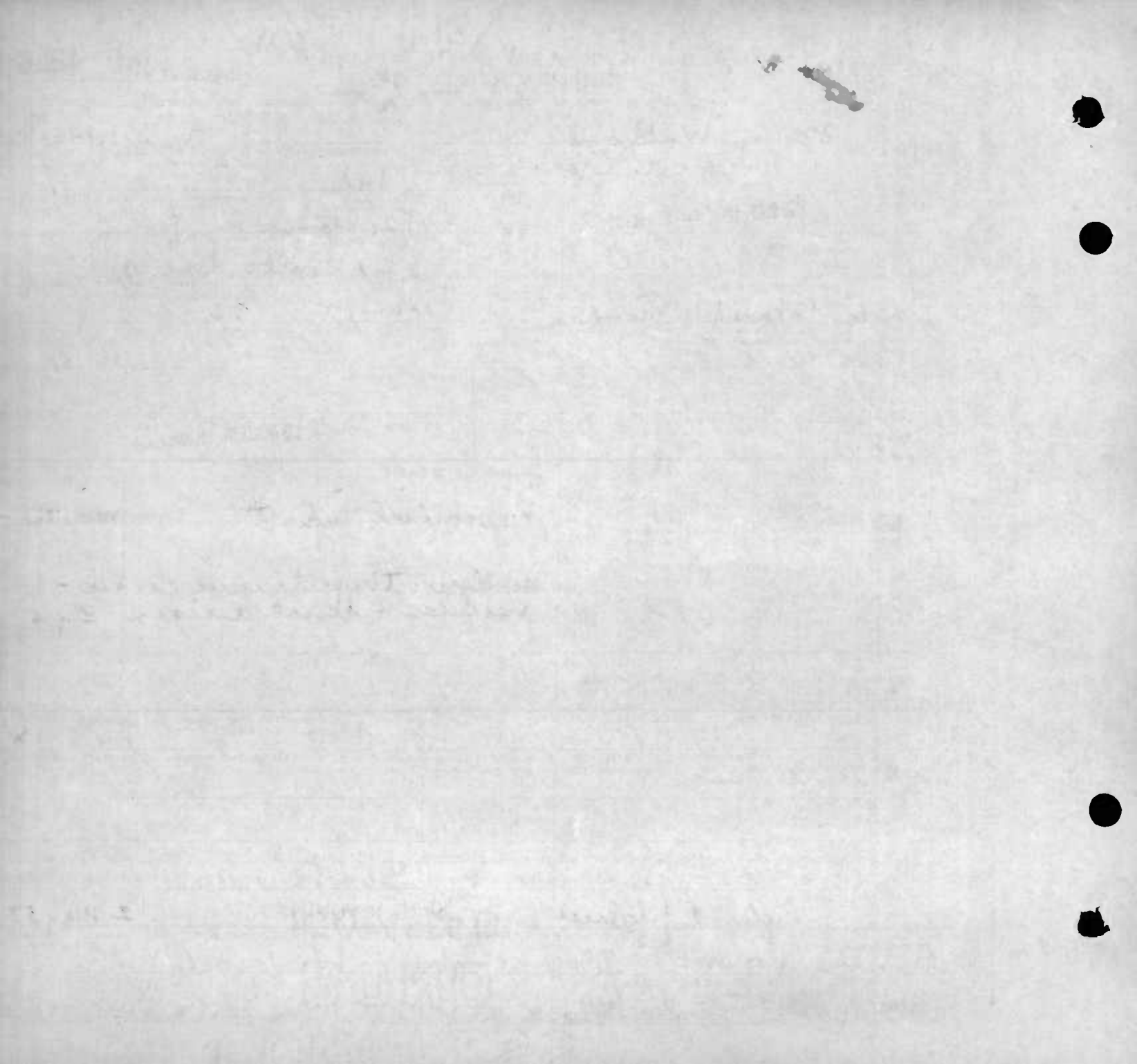
W-452

53 4216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4216

1. NAME OF DECEASED (Type or Print) <i>Mary Williams</i>		2. DATE OF DEATH <i>May 1, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Officer</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>16-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>10</i>		D. STREET ADDRESS (If rural, give location) <i>824 Fulton Ave. N.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7-15-17</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <i>36</i>
11. BIRTHPLACE (State or foreign country) <i>N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>myocardial infarct</i>		INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>malignant hypertensive cardio-vascular + renal disease</i>		DUE TO <i>3 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-28</i> , 1953, to <i>5-1</i> , 1953, that I last saw the deceased alive on <i>5-1</i> , 1953, and that death occurred at <i>4:30 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Richard J. Jones</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>2 May 53</i>		23D. STATE	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>2 May 53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Family Cemetery</i>		24D. LOCATION (City, town, or county) <i>Chatham Co. N.C.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>May 2 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Ellis Jones & Sons</i>		ADDRESS <i>Durham N.C.</i>	

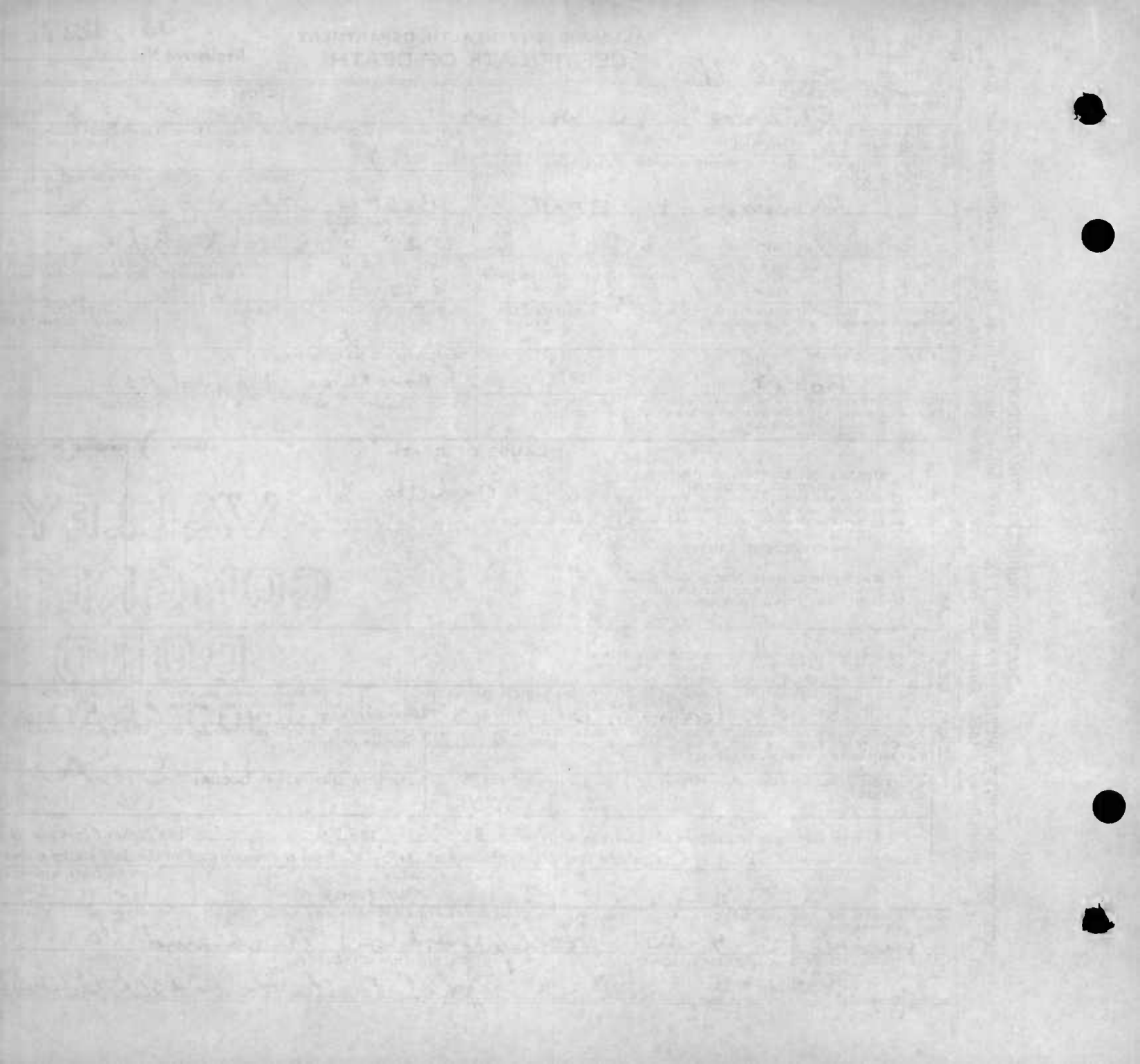


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52-53 53 4217		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4217 Registered No.	
BIRTH NO. G 84011		1. NAME OF DECEASED (Type or Print) Elizabeth J. Jenkins		2. DATE OF DEATH 5-1-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-38	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 38 University Hosp.		D. STREET ADDRESS (If rural, give location) 1528 Sheffield Rd.		E. Yrs. Mos. Days	
c. Length of stay in Baltimore Life		8. DATE OF BIRTH 7-17-47		9. AGE (In years last birthday) 5	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME Robert		14. MOTHER'S MAIDEN NAME Dorothy Reynolds		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. 193X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) medullo blastoma DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 4-30-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Craniotomy, Biopsy, Trephines		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-1, 1953 to 5-1, 1953 that I last saw the deceased alive on 5-1, 1953 and that death occurred at 11:21 p.m., from the causes and on the date stated above.					
23A. SIGNATURE W. J. Slays		23B. ADDRESS M. D. U. Hosp.		23C. DATE SIGNED 5-1-53	
24A. BURIAL, CREMATION REMOVAL (Specify) Burial		24B. DATE 5-4-53		24C. NAME OF CEMETERY OR CREMATORY Hollywood Cem.	
24D. LOCATION (City, town, or county) (State) Richmond Va.		25. FUNERAL DIRECTOR John C. Miller Inc. - 2431 E. Olive St.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 1953		REGISTRAR'S SIGNATURE H. J. Williams			

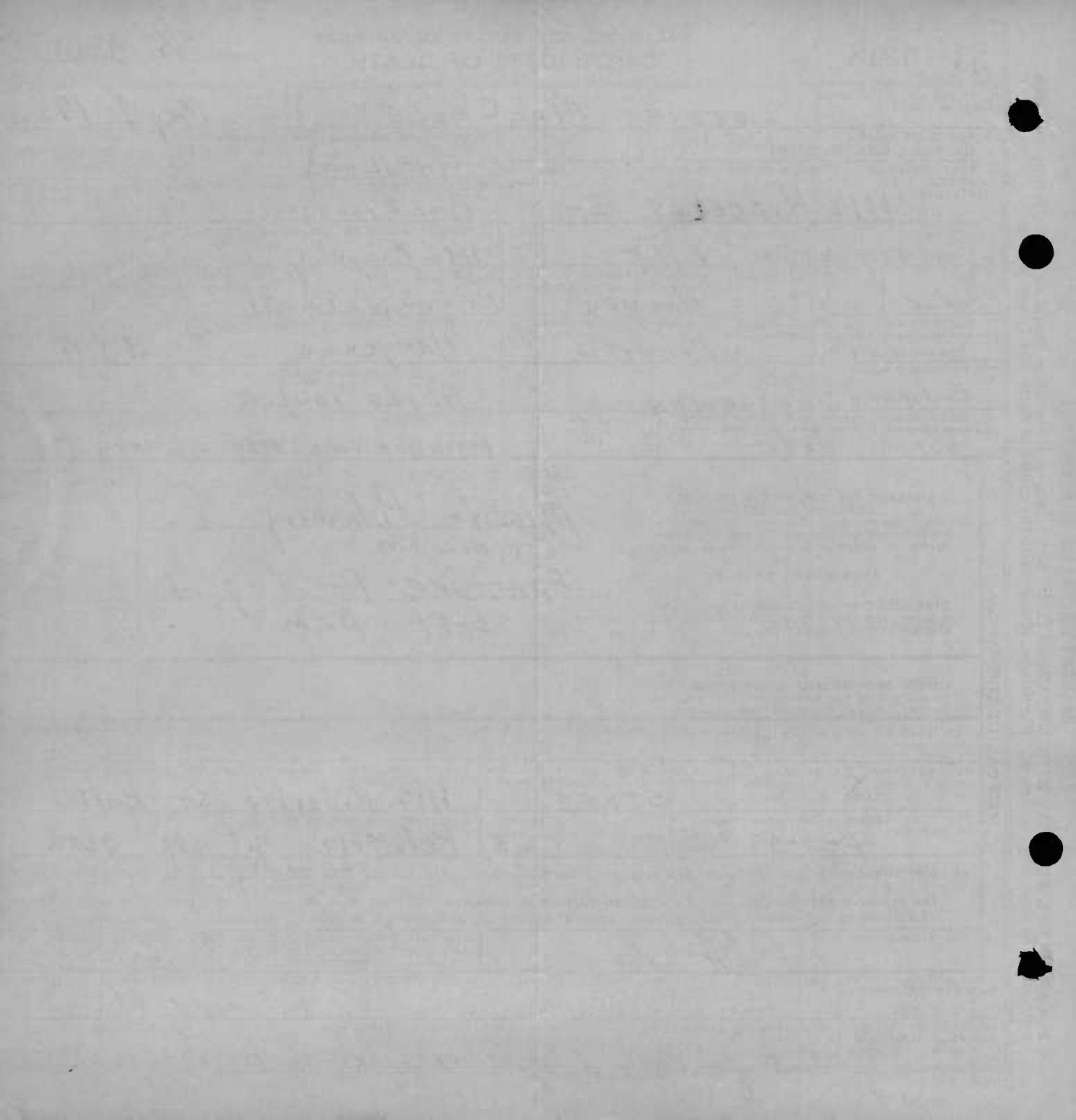


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4218

BIRTH NO. 53 4218

1. NAME OF DECEASED (Type or Print) LOTTIE MAC CAULEY		2. DATE OF DEATH May 1 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1112 RIDGELEY ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 21-01	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 1112 Ridgeley St	
5. SEX FEMALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb. 2, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Domestic	9. AGE (In years last birthday) 71
13. FATHER'S NAME Edward Cassaway		14. MOTHER'S MAIDEN NAME Alice Taylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		17. INFORMANT Doris Harding ADDRESS 1100 S. Carey St.	
16. SOCIAL SECURITY NO. ?		18. CAUSE OF DEATH	
18. E 812.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Massive Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture Rt Leg & Left Arm			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5-5-53		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STREET	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1112 Ridgeley St - Balto. 2111			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-5-53 10:15 P. M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? Pedestrian hit by auto			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D. 5-2-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-5-53	
24C. NAME OF CEMETERY OR CREMATORY MT. OLIVET		24D. LOCATION (City, town, or county) (State) BALTIMORE Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 1953		25. FUNERAL DIRECTOR George L. Schwab ADDRESS 2101 Frederick Ave	
REGISTRAR'S SIGNATURE H. H. H. H.			



53 4219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4219
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Gilbert Ensor.

2. DATE
OF
DEATH

May 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 10 Oaklawn Village

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md. B. COUNTY Baltimore city

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore. 25-41

c. Length of stay in Baltimore

48

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

10 Oaklawn Village.

5. SEX

Male

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 24, 1874

9. AGE (In years
last birthday)

78

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

real estate

11. BIRTHPLACE (State or foreign country)

Frederick Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Ensor

14. MOTHER'S MAIDEN NAME

Phoebe Dance

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none.

17. INFORMANT

Futhey E. Powell 120 Oaklawn Vill.

ADDRESS

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2 1953, to May 2, 1953, that I last saw the
deceased alive on May 1, 1953, and that death occurred at 11:55 A. M., from the causes and on the date stated above.

23A. SIGNATURE

George E. Shannon

23B. ADDRESS

820 Medical Bldg.

23C. DATE SIGNED

5/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/5/53

24C. NAME OF CEMETERY OR CREMATORY

Burgess Cem. Clunowille, Md.

24D. LOCATION (City, town, or county) (State)

Clunowille, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Powell & Hartzler

ADDRESS

Woodshow, Md.

1. The first part of the document is a letter from the Director of the Central Intelligence Agency to the President of the United States. The letter is dated 10/10/50 and is addressed to the President. The letter is signed by the Director of the Central Intelligence Agency.

2. The second part of the document is a letter from the Director of the Central Intelligence Agency to the Secretary of State. The letter is dated 10/10/50 and is addressed to the Secretary of State. The letter is signed by the Director of the Central Intelligence Agency.

3. The third part of the document is a letter from the Director of the Central Intelligence Agency to the Attorney General. The letter is dated 10/10/50 and is addressed to the Attorney General. The letter is signed by the Director of the Central Intelligence Agency.

4. The fourth part of the document is a letter from the Director of the Central Intelligence Agency to the Chief of the Federal Bureau of Investigation. The letter is dated 10/10/50 and is addressed to the Chief of the Federal Bureau of Investigation. The letter is signed by the Director of the Central Intelligence Agency.

5. The fifth part of the document is a letter from the Director of the Central Intelligence Agency to the Chairman of the Joint Chiefs of Staff. The letter is dated 10/10/50 and is addressed to the Chairman of the Joint Chiefs of Staff. The letter is signed by the Director of the Central Intelligence Agency.

CONFIDENTIAL

6. The sixth part of the document is a letter from the Director of the Central Intelligence Agency to the President of the United States. The letter is dated 10/10/50 and is addressed to the President. The letter is signed by the Director of the Central Intelligence Agency.

7. The seventh part of the document is a letter from the Director of the Central Intelligence Agency to the Secretary of State. The letter is dated 10/10/50 and is addressed to the Secretary of State. The letter is signed by the Director of the Central Intelligence Agency.

8. The eighth part of the document is a letter from the Director of the Central Intelligence Agency to the Attorney General. The letter is dated 10/10/50 and is addressed to the Attorney General. The letter is signed by the Director of the Central Intelligence Agency.

9. The ninth part of the document is a letter from the Director of the Central Intelligence Agency to the Chief of the Federal Bureau of Investigation. The letter is dated 10/10/50 and is addressed to the Chief of the Federal Bureau of Investigation. The letter is signed by the Director of the Central Intelligence Agency.

10. The tenth part of the document is a letter from the Director of the Central Intelligence Agency to the Chairman of the Joint Chiefs of Staff. The letter is dated 10/10/50 and is addressed to the Chairman of the Joint Chiefs of Staff. The letter is signed by the Director of the Central Intelligence Agency.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 53-09588

1. NAME OF DECEASED
 (Type or Print) Baby Boy Brown

3. PLACE OF DEATH:
 A. Baltimore City, Maryland ✓

2. DATE OF DEATH 4-28-53

B. FULL NAME OF (If not in hospital or institution, give street address or location)
 HOSPITAL OR INSTITUTION University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE Box 450 Rt 14 - Balt Co MD
 B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balt

D. STREET ADDRESS (If rural, give location)
5354

c. Length of stay in Baltimore
 Yrs. _____
 Mos. _____
 Days _____

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —

8. DATE OF BIRTH 4-28-53

9. AGE (In years last birthday)

II Under 1 Year Months: Days

II Under 24 Hours Hours: Min. 2 46

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Balt. MD.

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME John Joseph Brown

14. MOTHER'S MAIDEN NAME Juanita

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —

16. SOCIAL SECURITY NO. —

17. INFORMANT ADDRESS

18. 776x
 I
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
 CAUSE OF DEATH Prematurity
 DUE TO
 ANTECEDENT CAUSES
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
 DUE TO
 II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
2446m

19A. DATE OF OPERATION —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY?
 YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-28, 1953 to 4-28, 1953 that I last saw the deceased alive on 4-28, 1953 and that death occurred at 11 P.m., from the causes and on the date stated above.

23A. SIGNATURE P. G. Brown

23B. ADDRESS University Hospital

23C. DATE SIGNED 4-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify) —

24B. DATE —

24C. NAME OF CEMETERY OR CREMATORY J. H. HOPKINS MEDICAL SCHOOL

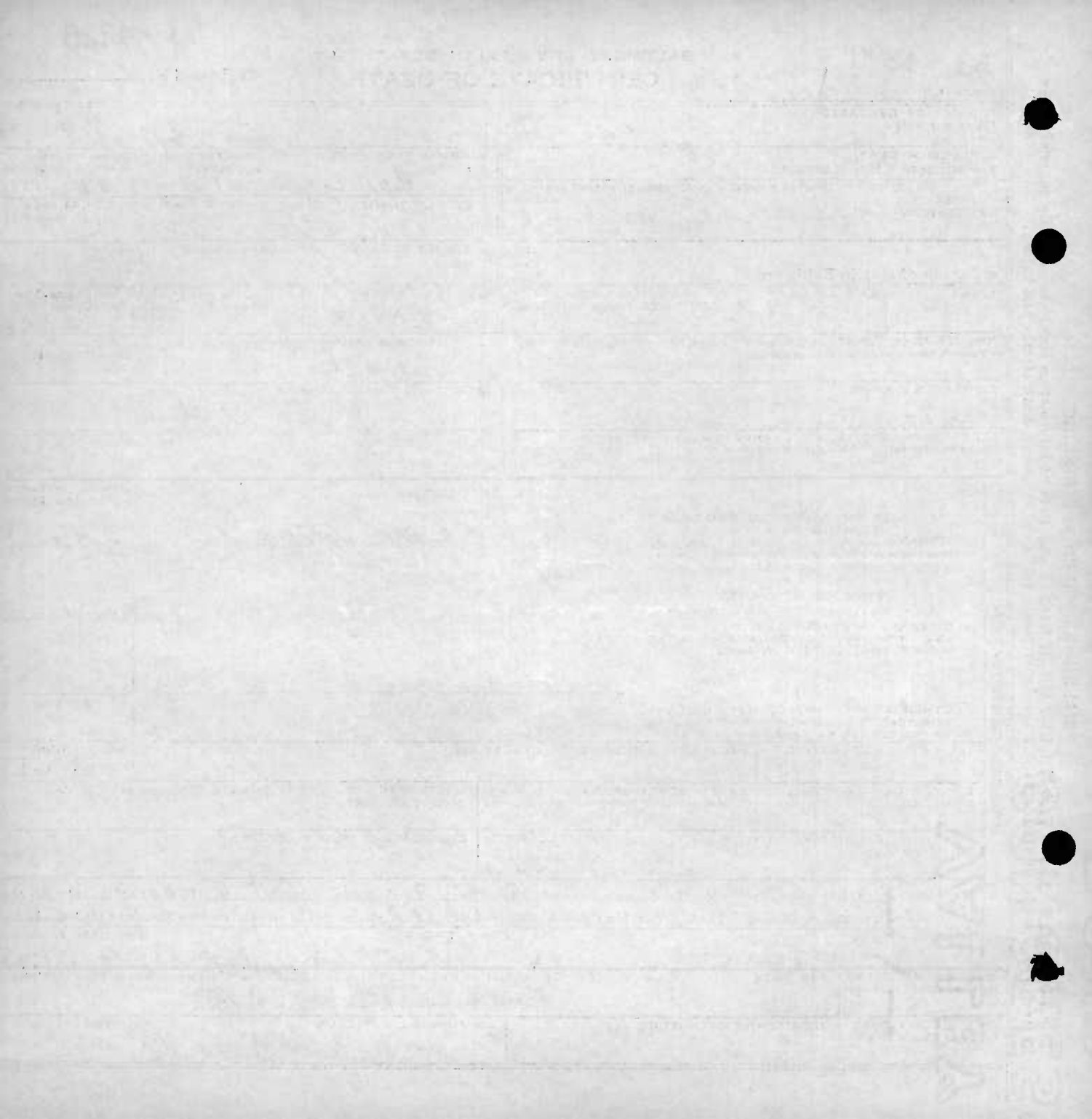
24D. LOCATION (City, town, or county) (State) APR 30 1953

DATE RECEIVED BY LOCAL REGISTRAR MAY 3 1953

REGISTRAR'S SIGNATURE Huntington Williams, MD

25. FUNERAL DIRECTOR ADDRESS Huntington Williams, MD

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4221		BALTIMORE CITY HEALTH DEPARTMENT		53 4221	
BIRTH NO. 53-09294		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) Baby girl Collins			2. DATE OF DEATH 4-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. C. CITY OR TOWN Baltimore 28-04 O. STREET ADDRESS (If rural, give location) 803 Wic Kiloc Rd.		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. University Hosp.			Yrs. Mos. Days		
C. Length of stay in Baltimore 6 hrs.					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 4-24-53	9. AGE (In years last birthday) 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Robert K. Collins			14. MOTHER'S MAIDEN NAME Ann L. Harris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Prematurity DUE TO Exploratory laparotomy of mother (B) 2 volvulus & gangrenous bowel DUE TO (C)		
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4-24, 1953 to 4-24, 1953 that I last saw the deceased alive on 4-24, 1953 and that death occurred at 11 a.m., from the causes and on the date stated above.					
23A. SIGNATURE H. T. Deane			23B. ADDRESS H. Hosp.		23C. DATE SIGNED 4-24
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county)		24E. DATE (State) APR 30 1953			
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, MD	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of other institution	
19. Signature of other institution		20. Signature of other institution		21. Signature of other institution	
22. Signature of other institution		23. Signature of other institution		24. Signature of other institution	
25. Signature of other institution		26. Signature of other institution		27. Signature of other institution	
28. Signature of other institution		29. Signature of other institution		30. Signature of other institution	
31. Signature of other institution		32. Signature of other institution		33. Signature of other institution	
34. Signature of other institution		35. Signature of other institution		36. Signature of other institution	
37. Signature of other institution		38. Signature of other institution		39. Signature of other institution	
40. Signature of other institution		41. Signature of other institution		42. Signature of other institution	
43. Signature of other institution		44. Signature of other institution		45. Signature of other institution	
46. Signature of other institution		47. Signature of other institution		48. Signature of other institution	
49. Signature of other institution		50. Signature of other institution		51. Signature of other institution	
52. Signature of other institution		53. Signature of other institution		54. Signature of other institution	
55. Signature of other institution		56. Signature of other institution		57. Signature of other institution	
58. Signature of other institution		59. Signature of other institution		60. Signature of other institution	
61. Signature of other institution		62. Signature of other institution		63. Signature of other institution	
64. Signature of other institution		65. Signature of other institution		66. Signature of other institution	
67. Signature of other institution		68. Signature of other institution		69. Signature of other institution	
70. Signature of other institution		71. Signature of other institution		72. Signature of other institution	
73. Signature of other institution		74. Signature of other institution		75. Signature of other institution	
76. Signature of other institution		77. Signature of other institution		78. Signature of other institution	
79. Signature of other institution		80. Signature of other institution		81. Signature of other institution	
82. Signature of other institution		83. Signature of other institution		84. Signature of other institution	
85. Signature of other institution		86. Signature of other institution		87. Signature of other institution	
88. Signature of other institution		89. Signature of other institution		90. Signature of other institution	
91. Signature of other institution		92. Signature of other institution		93. Signature of other institution	
94. Signature of other institution		95. Signature of other institution		96. Signature of other institution	
97. Signature of other institution		98. Signature of other institution		99. Signature of other institution	
100. Signature of other institution		101. Signature of other institution		102. Signature of other institution	

53 4222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4222

BIRTH NO. 53-07373

1. NAME OF DECEASED
(Type or Print)

Baby boy of Dorothy COOK

2. DATE
OF
DEATH

March 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Hospital for the Women of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7522 Seven Mile Lane

5. SEX

M

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

March 29, 1928 PM

9. AGE (in years last birthday)

1 1/2

10. Under 1 Year Months Days

1 4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Calvin Cook

14. MOTHER'S MAIDEN NAME

Dorothy Louise TAWNEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 761.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Aplasia of myelination

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Card dystrophia

(C)

microtia, internal anomaly

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

0

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

5

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1953, to 10⁵⁵ PM, 1953, that I last saw the deceased alive on March 29, 1953, and that death occurred at 10⁵⁵ PM, from the causes and on the date stated above.

23A. SIGNATURE

Frederick W. Ziegenfuss

23B. ADDRESS

Baltimore 17 Women's Hospital

23C. DATE SIGNED

March 29, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

MAY 1 1953

DATE RECEIVED BY LOCAL REGISTRAR

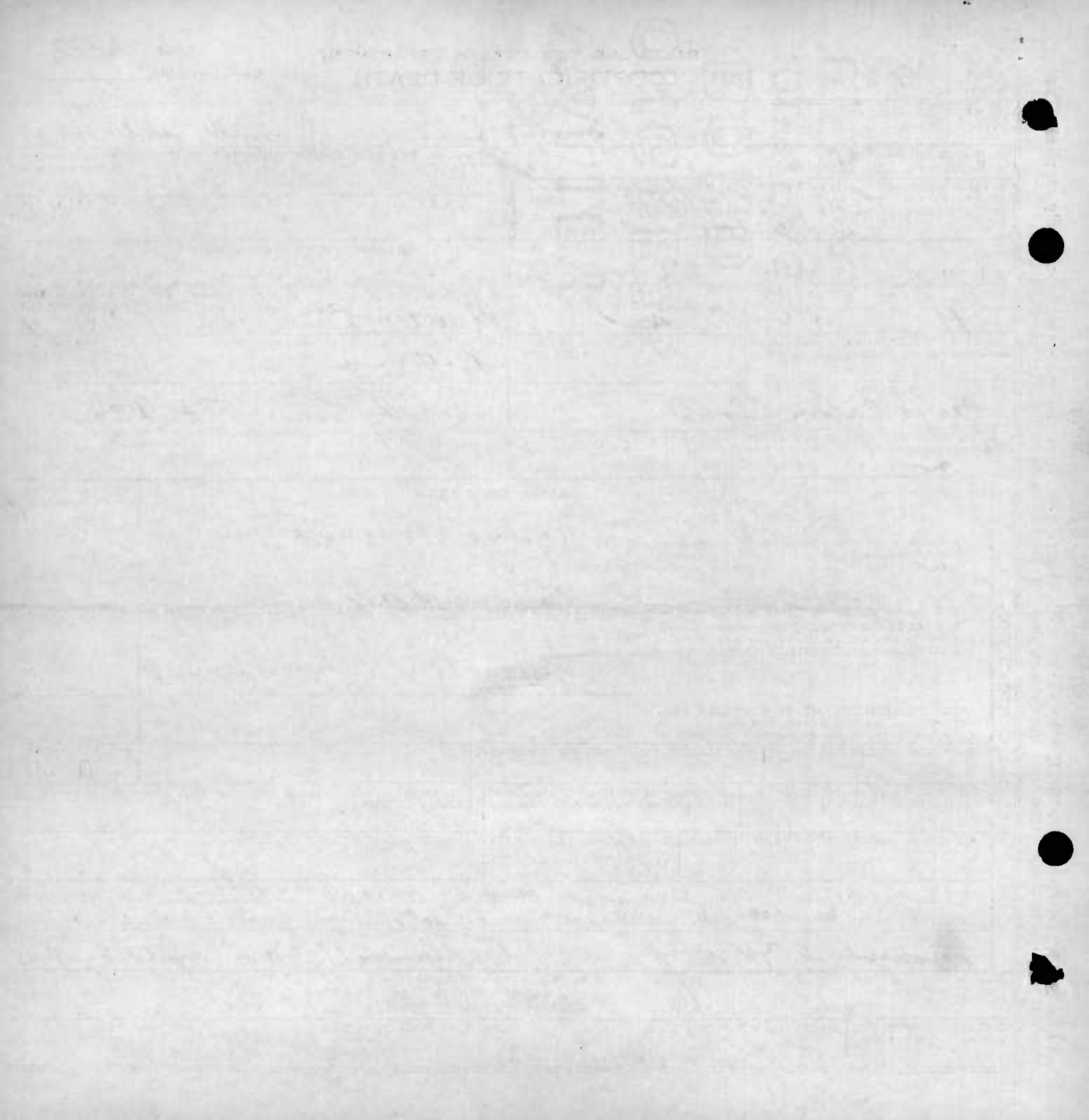
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS



F. 636 CERTIFICATE CORRECTED 4-27-53

BALTIMORE CITY HEALTH DEPARTMENT

53 4223
Registered No. 4223

53 4223 3-09148 CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

Baby Boy "A" ERDRECHTER

2. DATE
OF
DEATH

4-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13-02

D. STREET ADDRESS (If rural, give location)

2227 Linden Ave #17

C. Length of stay in Baltimore

5 min.

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

4-21-53

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

5

10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

RUTH ERDRECHTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mother

18. 76210

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 4-21-53, 19, to 4-21-53, 19, that I last saw the
deceased alive on 4-21-53, 19, and that death occurred at 11¹⁵ p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Margaret Leitch

Sinai Hospital

4-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL APR 27 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

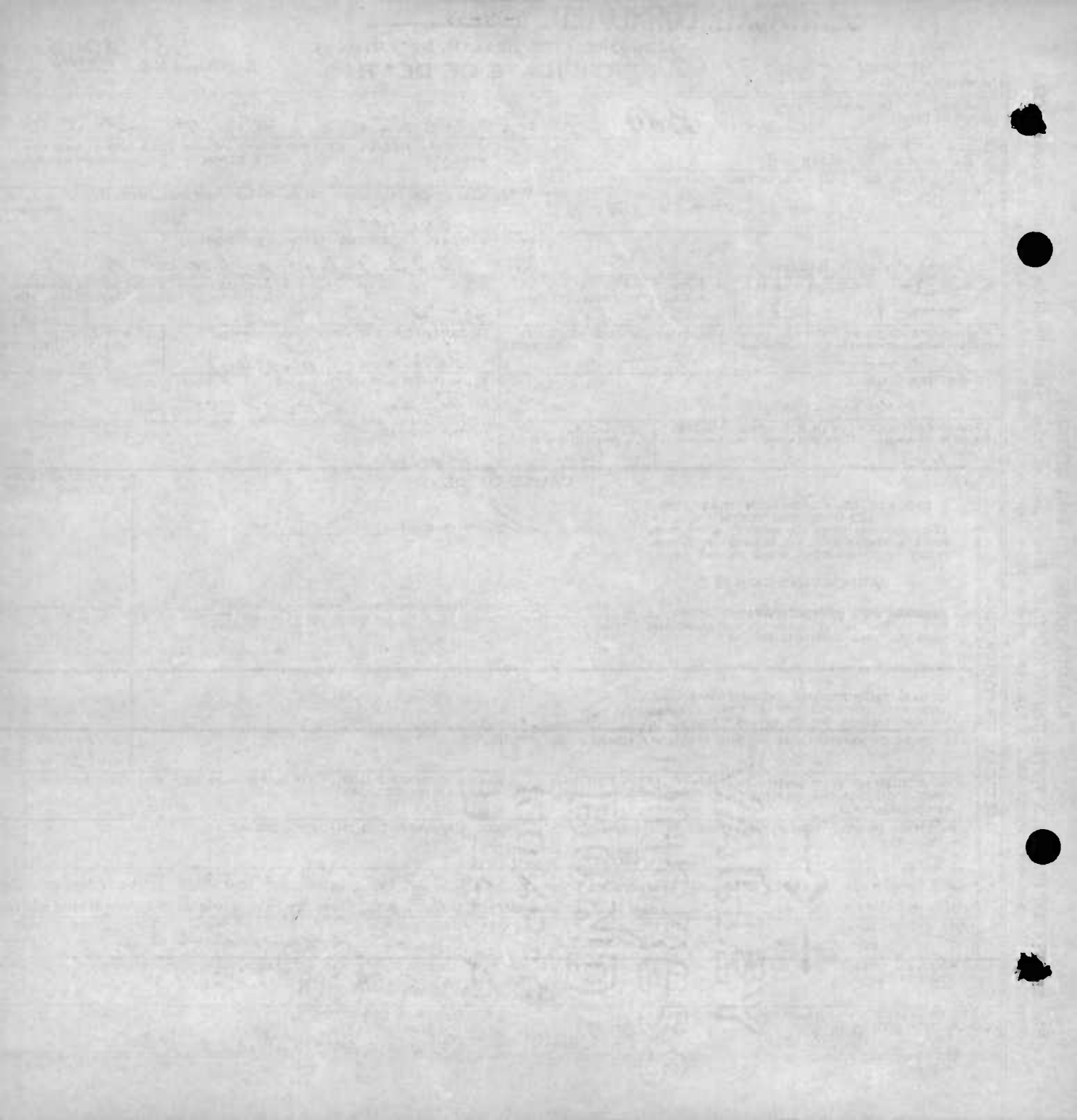
25. FUNERAL DIRECTOR

ADDRESS

MAY 3 1953

Huntington Williams, M.D.

Huntington Williams, M.D.



G-642

53 4224

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 4224

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

IDA GAREHICK

2. DATE
OF
DEATH

5-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park Heights

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md 27-16

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mt Sinai Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4613 Park Heights Ave

C. Length of stay in Baltimore

50 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

90

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.

90

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Louis Garehick

ADDRESS

18. 593X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Edema of lung

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiovascular disease

5 yrs

(C) DUE TO

Nephritis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to 5-1-53, 19, that I last saw the
deceased alive on 5-1-53, and that death occurred at 10:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

W. D. Baylen M. D.

23B. ADDRESS

2140 Euteria Pl

23C. DATE SIGNED

5/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-3-53

24C. NAME OF CEMETERY OR CREMATORY

Dunbar Israel

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Britton Pl

ADDRESS

Baylun

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF DECEASED	
10. SIGNATURE OF WITNESSES		11. SIGNATURE OF DECEASED		12. SIGNATURE OF DECEASED	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF DECEASED		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF DECEASED		17. SIGNATURE OF DECEASED		18. SIGNATURE OF DECEASED	
19. SIGNATURE OF DECEASED		20. SIGNATURE OF DECEASED		21. SIGNATURE OF DECEASED	
22. SIGNATURE OF DECEASED		23. SIGNATURE OF DECEASED		24. SIGNATURE OF DECEASED	
25. SIGNATURE OF DECEASED		26. SIGNATURE OF DECEASED		27. SIGNATURE OF DECEASED	
28. SIGNATURE OF DECEASED		29. SIGNATURE OF DECEASED		30. SIGNATURE OF DECEASED	
31. SIGNATURE OF DECEASED		32. SIGNATURE OF DECEASED		33. SIGNATURE OF DECEASED	
34. SIGNATURE OF DECEASED		35. SIGNATURE OF DECEASED		36. SIGNATURE OF DECEASED	
37. SIGNATURE OF DECEASED		38. SIGNATURE OF DECEASED		39. SIGNATURE OF DECEASED	
40. SIGNATURE OF DECEASED		41. SIGNATURE OF DECEASED		42. SIGNATURE OF DECEASED	
43. SIGNATURE OF DECEASED		44. SIGNATURE OF DECEASED		45. SIGNATURE OF DECEASED	
46. SIGNATURE OF DECEASED		47. SIGNATURE OF DECEASED		48. SIGNATURE OF DECEASED	
49. SIGNATURE OF DECEASED		50. SIGNATURE OF DECEASED		51. SIGNATURE OF DECEASED	
52. SIGNATURE OF DECEASED		53. SIGNATURE OF DECEASED		54. SIGNATURE OF DECEASED	
55. SIGNATURE OF DECEASED		56. SIGNATURE OF DECEASED		57. SIGNATURE OF DECEASED	
58. SIGNATURE OF DECEASED		59. SIGNATURE OF DECEASED		60. SIGNATURE OF DECEASED	
61. SIGNATURE OF DECEASED		62. SIGNATURE OF DECEASED		63. SIGNATURE OF DECEASED	
64. SIGNATURE OF DECEASED		65. SIGNATURE OF DECEASED		66. SIGNATURE OF DECEASED	
67. SIGNATURE OF DECEASED		68. SIGNATURE OF DECEASED		69. SIGNATURE OF DECEASED	
70. SIGNATURE OF DECEASED		71. SIGNATURE OF DECEASED		72. SIGNATURE OF DECEASED	
73. SIGNATURE OF DECEASED		74. SIGNATURE OF DECEASED		75. SIGNATURE OF DECEASED	
76. SIGNATURE OF DECEASED		77. SIGNATURE OF DECEASED		78. SIGNATURE OF DECEASED	
79. SIGNATURE OF DECEASED		80. SIGNATURE OF DECEASED		81. SIGNATURE OF DECEASED	
82. SIGNATURE OF DECEASED		83. SIGNATURE OF DECEASED		84. SIGNATURE OF DECEASED	
85. SIGNATURE OF DECEASED		86. SIGNATURE OF DECEASED		87. SIGNATURE OF DECEASED	
88. SIGNATURE OF DECEASED		89. SIGNATURE OF DECEASED		90. SIGNATURE OF DECEASED	
91. SIGNATURE OF DECEASED		92. SIGNATURE OF DECEASED		93. SIGNATURE OF DECEASED	
94. SIGNATURE OF DECEASED		95. SIGNATURE OF DECEASED		96. SIGNATURE OF DECEASED	
97. SIGNATURE OF DECEASED		98. SIGNATURE OF DECEASED		99. SIGNATURE OF DECEASED	
100. SIGNATURE OF DECEASED		101. SIGNATURE OF DECEASED		102. SIGNATURE OF DECEASED	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4225
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie Feldman

2. DATE
OF
DEATH

5. 1. 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 28-03

D. STREET ADDRESS (If rural, give location)

4311 Forest Park Ave

c. Length of stay in Baltimore

48 Yrs.
Mos.
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (in years
last birthday)

64

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham Kramer

14. MOTHER'S MAIDEN NAME

Sora

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Irene Mayer - Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Myocardial infarct.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Shock.

DUE TO

(C) A. S. C. V. D.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4. 22. 1953, to 5. 1. 1953, that I last saw the
deceased alive on 5. 1. 1953, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Morris Goldberg

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5. 1. 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-3-53

24C. NAME OF CEMETERY OR CREMATORY

Loosedose

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewin 2100 Canton St

MAY 3 1953

DECLARATION OF ETHICS

COPIES
MAILED
JAN 10 1964
U.S. DEPT. OF JUSTICE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4226

53-4226

1. NAME OF DECEASED (Type or Print) FERDINAND HANAUER			2. DATE OF DEATH MAY 3, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 2853 W. (OLD) SPRING LANE			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-13		
c. Length of stay in Baltimore 15			d. STREET ADDRESS (If rural, give location) 2853 W. OLD SPRING LANE		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME NOT KNOWN			14. MOTHER'S MAIDEN NAME NOT KNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT HANS HANAUER -		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO Anteriosclerosis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B)		
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 26, 1953 to May 2, 1953 , that I last saw the deceased alive on May 1, 1953 , and that death occurred at 7:10 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE HAROLD H. BIX		23B. ADDRESS 2516 Linden Ave		23C. DATE SIGNED MAY 3, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 5-3-53	24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR McFay Lewis Inc - 2100 Eutaw Pl.	

But
Linden Ave
Georgiana Court apt
La 0506
Ma 1739

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53-145-4227**BIRTH NO. **4227**1. NAME OF DECEASED
(Type or Print)**Rubin**2. DATE
OF
DEATH**MAY 3 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Md.**Baltimore 15-47**

D. STREET ADDRESS (if rural, give location)

2117 DENISON ST

c. Length of stay in Baltimore

Yrs. **43**
Mos. **10**
Days **15**

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**retired**10B. KIND OF BUSINESS OR
INDUSTRY**barber**

13. FATHER'S NAME

Joseph

11. BIRTH PLACE (State or foreign country)

Russia12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

not known15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

19.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Coronary artery disease**

DUE TO

ANTECEDENT CAUSES

(B) **Hypertension C.V.D.**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-2-1953** to **5-3-1953** that I last saw the
deceased alive on **5-3-1953**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above

23A. SIGNATURE

V. Salas de Aguiar

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5-4-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto, MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc 2100 Eutan Rd

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4228

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4228
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARL

ROMANSKI

2. DATE OF DEATH
March 24, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 22-01

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
309 S. Sharp Street

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH
U

9. AGE (in years last birthday)
55

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
NK

11. BIRTHPLACE (State or foreign country)
N K

12. CITIZEN OF WHAT COUNTRY?
N

13. FATHER'S NAME
O

14. MOTHER'S MAIDEN NAME
O W N

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
W

17. INFORMANT ADDRESS
N

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Disseminated pulmonary tuberculosis

ANTECEDENT CAUSES

(B) Acute tracheobronchitis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
March 24, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

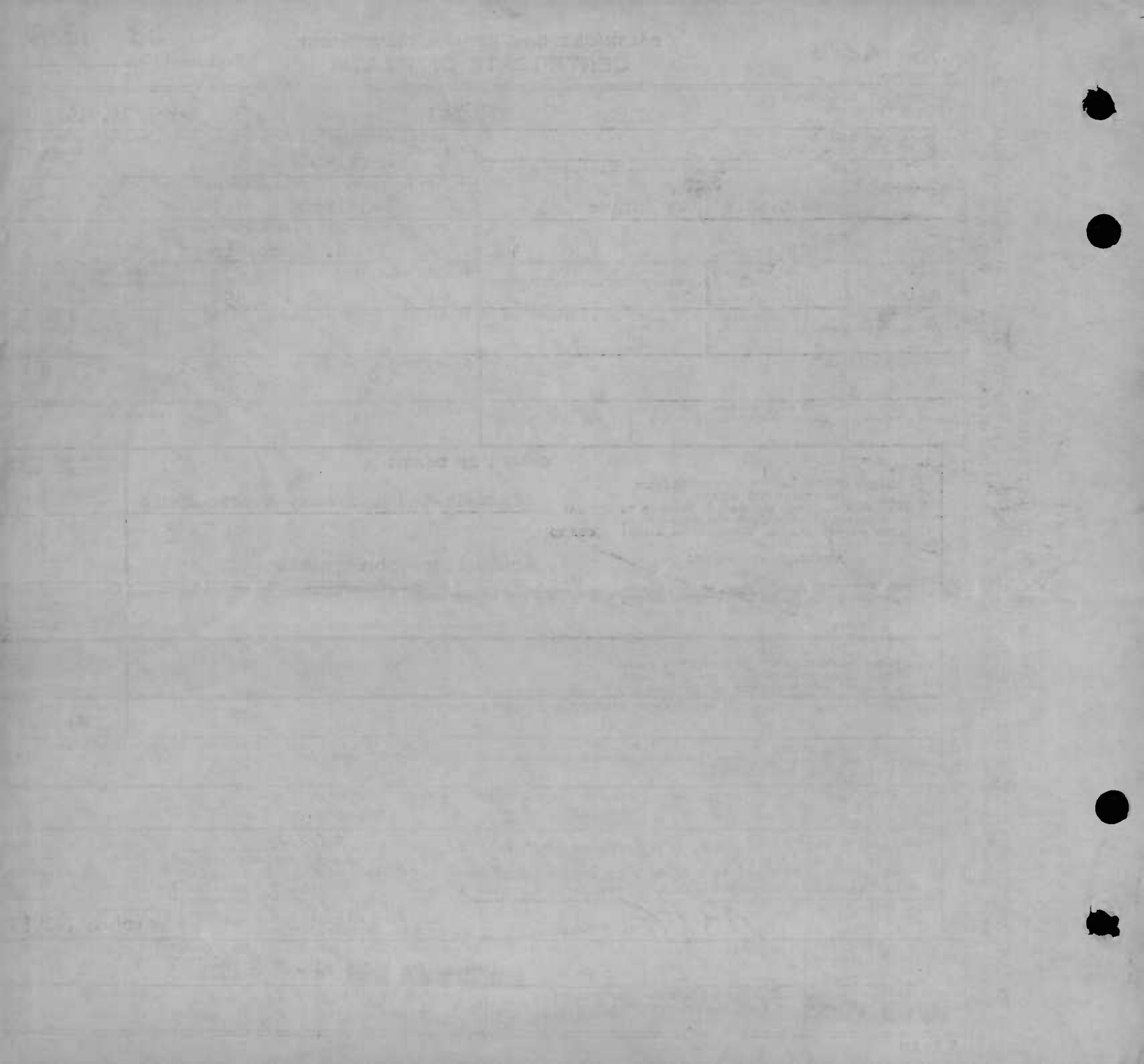
(State)

DATE RECEIVED BY LOCAL REGISTRAR
MAY 3 1953

REGISTRAR'S SIGNATURE
Thurston Williams, M.D.

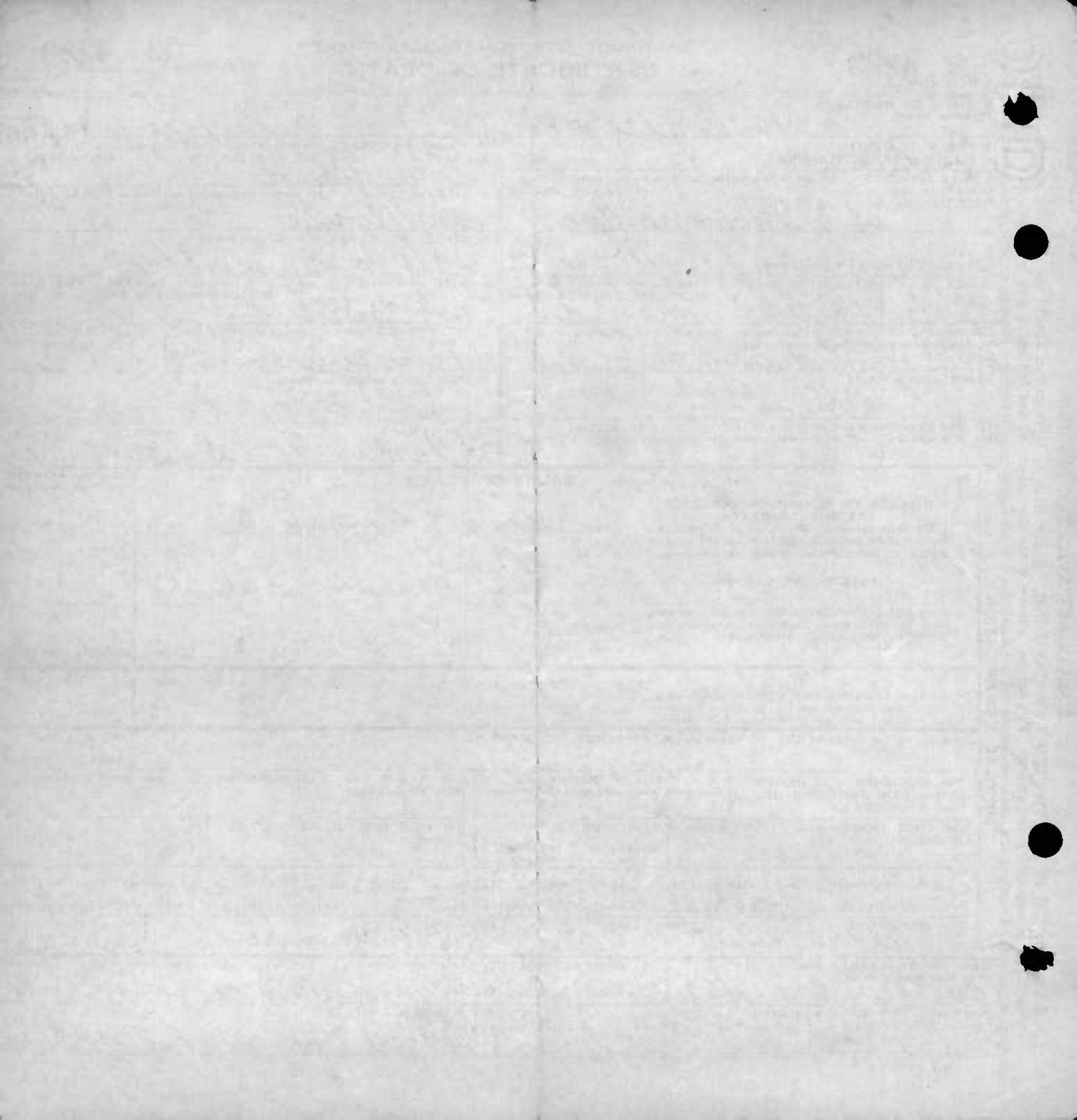
25. FUNERAL DIRECTOR
Thurston Williams, M.D.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4229**BIRTH NO. **53 4229**

1. NAME OF DECEASED (Type or Print) Jack Jacob Reiter			2. DATE OF DEATH May 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2810 Quantico Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13		
c. Length of stay in Baltimore 12 years			D. STREET ADDRESS (If rural, give location) 2810 Quantico Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 19, 1897		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Contractor Proprietor			11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Louis Reiter			14. MOTHER'S MAIDEN NAME Sadie Fish		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Charles Jules Reiter - 2810 Quantico Ave.		
18. 420.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cornary Thrombosis			CAUSE OF DEATH (A) Cornary Thrombosis DUE TO (B) mid cerebral pellets DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. , 1953 to May 2 , 1953 that I last saw the deceased alive on 4/29, 1953 and that death occurred at 5 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Serg. Sharitz			23B. ADDRESS 5106 Park Heights Ave.		23C. DATE SIGNED 5/2/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 3/53	24C. NAME OF CEMETERY OR CREMATORY Bnai Israel Cong. Baltimore, Maryland		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 1953		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS W. J. Williams & Sons - 1124-26 N. North Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4230

53 4230

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES LEROY CHASE

2. DATE
OF
DEATH

May 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE CITY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

27-12

D. STREET ADDRESS (If rural, give location)

204 TAPLOW ROAD

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

SEP. 13, 1884

9. AGE (In years,

last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

(Coppers)

11. BIRTHPLACE (State or foreign country)

CONNECTICUT Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

HERMAN CHASE

Piston Rings

14. MOTHER'S MAIDEN NAME

HANNAH CHEESEBOROUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

212-09-8444

17. INFORMANT

ADDRESS

MRS LINDA P. CHASE (wife) SAME

18. 446x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) kidney shut down

INTERVAL BETWEEN ONSET AND DEATH

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) nephrosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Generalized atherosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR. 25, 1953, to MAY 1, 1953, that I last saw the deceased alive on MAY 1, 1953, and that death occurred at 12:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. L. P. H. 1

M. D.

23B. ADDRESS

UNION MEMORIAL HOSP.

23C. DATE SIGNED

MAY 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stewart & Mowen Company 108 W. North Ave.

MAY 3 1953

VS 150

Baltimore - 1

6903L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK

IN SENATE

JANUARY 11, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

WILLIAM H. SAWYER, PRINTING OFFICE

1901

NEW YORK:

WILLIAM H. SAWYER, PRINTING OFFICE

1901

ALBANY:

WILLIAM H. SAWYER, PRINTING OFFICE

1901

NEW YORK:

WILLIAM H. SAWYER, PRINTING OFFICE

1901

ALBANY:

WILLIAM H. SAWYER, PRINTING OFFICE

1901

53 4231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4231
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Augusta Cook Buck*2. DATE
OF
DEATH*May 2 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*3908 N. Charles St.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 12-01

D. STREET ADDRESS (If rural, give location)

3908 N. Charles St.

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

Dec-31-1873

9. AGE (in years last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

*Baltimore*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel H. B. Cook

14. MOTHER'S MAIDEN NAME

*Mary Ludlow*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mr. Trafflin Cook Jr. 119 N. E. St.

ADDRESS

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Arteriosclerotic Heart Disease*

DUE TO

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertension*

DUE TO

10 yrs(C) *Arteriosclerosis - generalized**2 yrs*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1946*, 19__, to *5/2/53*, 19__, that I last saw the deceased alive on *5/4/53*, 19__, and that death occurred at *3:20 a.m.* from the causes and on the date stated above.

23A. SIGNATURE

Francis M. Gluck

M. D.

23B. ADDRESS

100 W University Pkwy

23C. DATE SIGNED

5/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 1953

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAY 3 1953*

REGISTRAR'S SIGNATURE

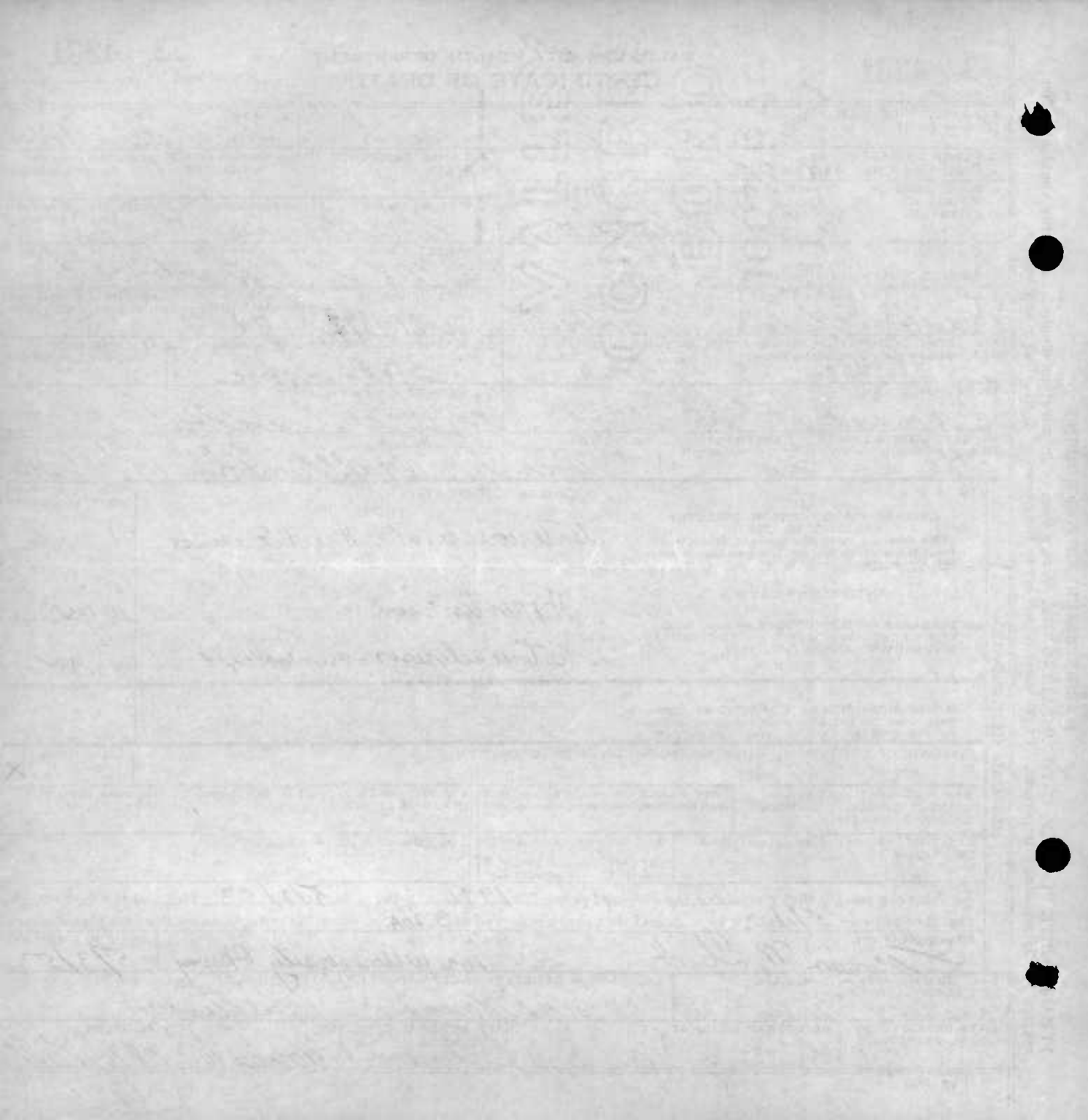
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Robert M. Menden Co. 108 W. North

ADDRESS

City - 1



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4232 FJ 168391		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4232 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Martha Young			4-25-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			A. STATE Maryland		
C. CITY OR TOWN Baltimore			B. COUNTY 6-05		
C. LENGTH OF STAY IN BALTIMORE Life			O. STREET ADDRESS (If rural, give location) 247 Douglass Court		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 24, 1872 ?	9. AGE (In years, last birthday) 80 ?	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Smith			14. MOTHER'S MAIDEN NAME Hester Green		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 4940 Eastern Ave. (records)		
18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Fracture, Lower End, Left Femur DUE TO (B) Mild Cerebral Accident DUE TO (C) CERTIFICATION APPROVED BY William Spotts M.D. CHIEF OR ASST. MEDICAL EXAMINER.		INTERVAL BETWEEN ONSET AND DEATH 6 mos.?
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 247 Douglass Court 6-05	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-4-1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? slipped + fell to floor in bedroom	
22. I hereby certify that I attended the deceased from 3-5, 1953, to 4-25, 1953, that I last saw the deceased alive on 4-25, 1953, and that death occurred at 12:20a.m., from the causes and on the date stated above.					
23A. SIGNATURE H. John Doe		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 4-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/4/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR A. Halstead 918 Druid Hill Ave.	
VS 150 To be approved by Medical Examiner N 821.0					

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-320
53 4233BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4233
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LORENZO

HATCH

2. DATE
OF
DEATH April 30, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

949 Bennett Place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township) 18-01

D. STREET ADDRESS (If rural, give location)

949 Bennett Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

Feb. 15, 1895

9. AGE (in years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Seamen10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Merritt, N. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
Yes WWI16. SOCIAL
SECURITY NO.
*-17. INFORMANT ADDRESS
Romona Earl 2830 Riggs Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Phillips

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 1, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/4/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 3 1953

REGISTRAR'S SIGNATURE

Arlington S. Phillips

25. FUNERAL DIRECTOR

Arlington S. Phillips 1808 N. Monroe

ADDRESS

VS 151

67355

St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4234BIRTH NO. 53 42341. NAME OF DECEASED
(Type or Print) MARIE. C. BEISSLER2. DATE OF DEATH APRIL 30, 533. PLACE OF DEATH:
A. Baltimore City, Maryland 606 N. BOULDIN ST.4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE md B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 26-10c. Length of stay in Baltimore Life Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
606 N. BOULDIN ST.5. SEX FEMALE 6. COLOR OR RACE WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED8. DATE OF BIRTH APRIL 5, 1889 9. AGE (In years, last birthday) 64 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min. 2510A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSE WIFE 10B. KIND OF BUSINESS OR INDUSTRY11. BIRTHPLACE (State or foreign country) BALTIMORE 12. CITIZEN OF WHAT COUNTRY?13. FATHER'S NAME J. THILLMANN14. MOTHER'S MAIDEN NAME ROSENBERG.15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no. (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE17. INFORMANT ADDRESS ST. BERNARD BEISSLER 606 N. BOULDIN18. 171x CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) uraemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) intestinal obstruction

DUE TO

(C) Carcinoma G.

INTERVAL BETWEEN ONSET AND DEATH

3 weeks1 yearEmphysemaII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1950, to Apr. 30, 1953, that I last saw the deceased alive on Apr. 23, 1953, and that death occurred at 10:30 p. m., from the causes and on the date stated above.23A. SIGNATURE Ernest A. Galvin23B. ADDRESS 113 N. Mount Vernon St.23C. DATE SIGNED 5/2/5324A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL24B. DATE MAY 4, 5324C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL24D. LOCATION (City, town, or county) (State) FREDERICK, RD. MD.DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953REGISTRAR'S SIGNATURE Ernest A. Galvin25. FUNERAL DIRECTOR S. WATERADDRESS ST. MAY 6 19 N. BOULDIN

1911

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4235
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

LOUETTA S. COOPER

2. DATE

OF DEATH

May 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF (not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MARYLAND GENERAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

5106 GWYNN OAK AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 17, 1894

9. AGE (In years last birthday)

59

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis E. Ruppertsberger

14. MOTHER'S MAIDEN NAME

- Quanz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Miss. Bertha Ruppertsberger

5106 Gwynn Oak Ave. Balto. Md.

18. E 955.7

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ASPIRATION OF

DUE TO

ANTECEDENT CAUSES

(B) VOMITUS-OPERATION FEMORAL HERNIA

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 1, 1953

19B. MAJOR FINDINGS OF OPERATION

STRANGULATED FEMORAL HERNIA.

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

MARYLAND GENERAL HOSPITAL

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5/1/53 11.15 P.M.

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

ASPIRATED STOMACH CONTENT DURING

22. I certify that I took charge of the remains described above, held an AUTOPSY OPERATION from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

May 2, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/4/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

MAY 3 1953

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

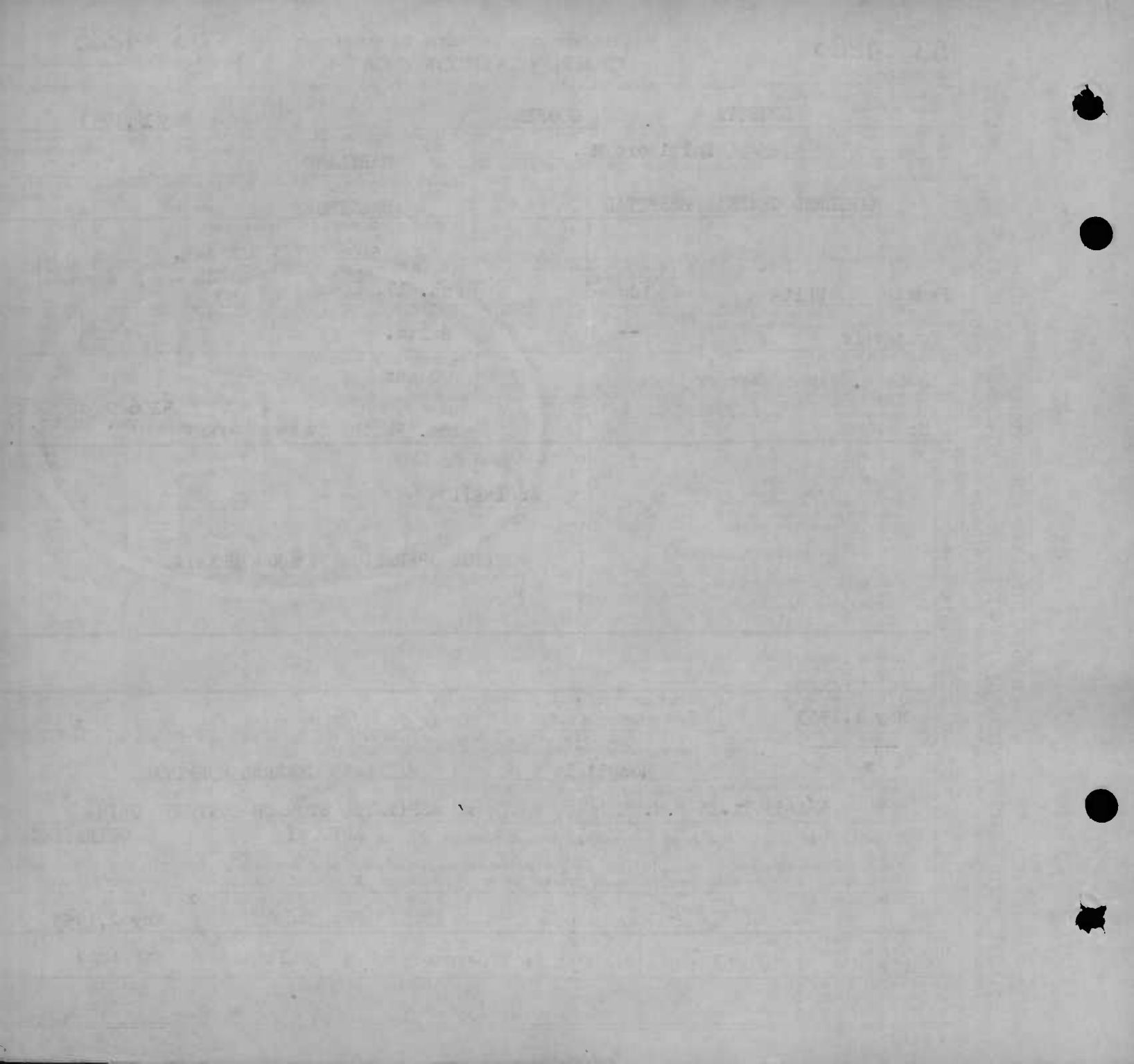
J. J. Fisher & Sons

ADDRESS

R. B. Balto. Md.

VS 151

N933.0



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4236BIRTH NO. 53 4236

1. NAME OF DECEASED (Type or Print) DAISY AGNES ROWLAND			2. DATE OF DEATH May 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township 14-01)		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1420 Park Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 9, 1881	9. AGE (in years last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid		10B. KIND OF BUSINESS OR INDUSTRY household		11. BIRTHPLACE (State or foreign country) England	
13. FATHER'S NAME Gilbert Rowland			14. MOTHER'S MAIDEN NAME Emma Stacey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.		17. INFORMANT Miss Ethel Rowland - 1603 Bloomingdale	
				ADDRESS	

18. E 8/2.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fat embolism		INTERVAL BETWEEN ONSET AND DEATH
DUE TO Fractures of pelvis and right humerus		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) SW Cor. Ellamont & North Aves.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4/24/53-9.45 PM		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Accident - Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE RBF Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 2nd, 1953	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/5/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR J. Pickens & Sons		ADDRESS Ratto 17, Md	

VS 151

N 808,0

7208A

1870

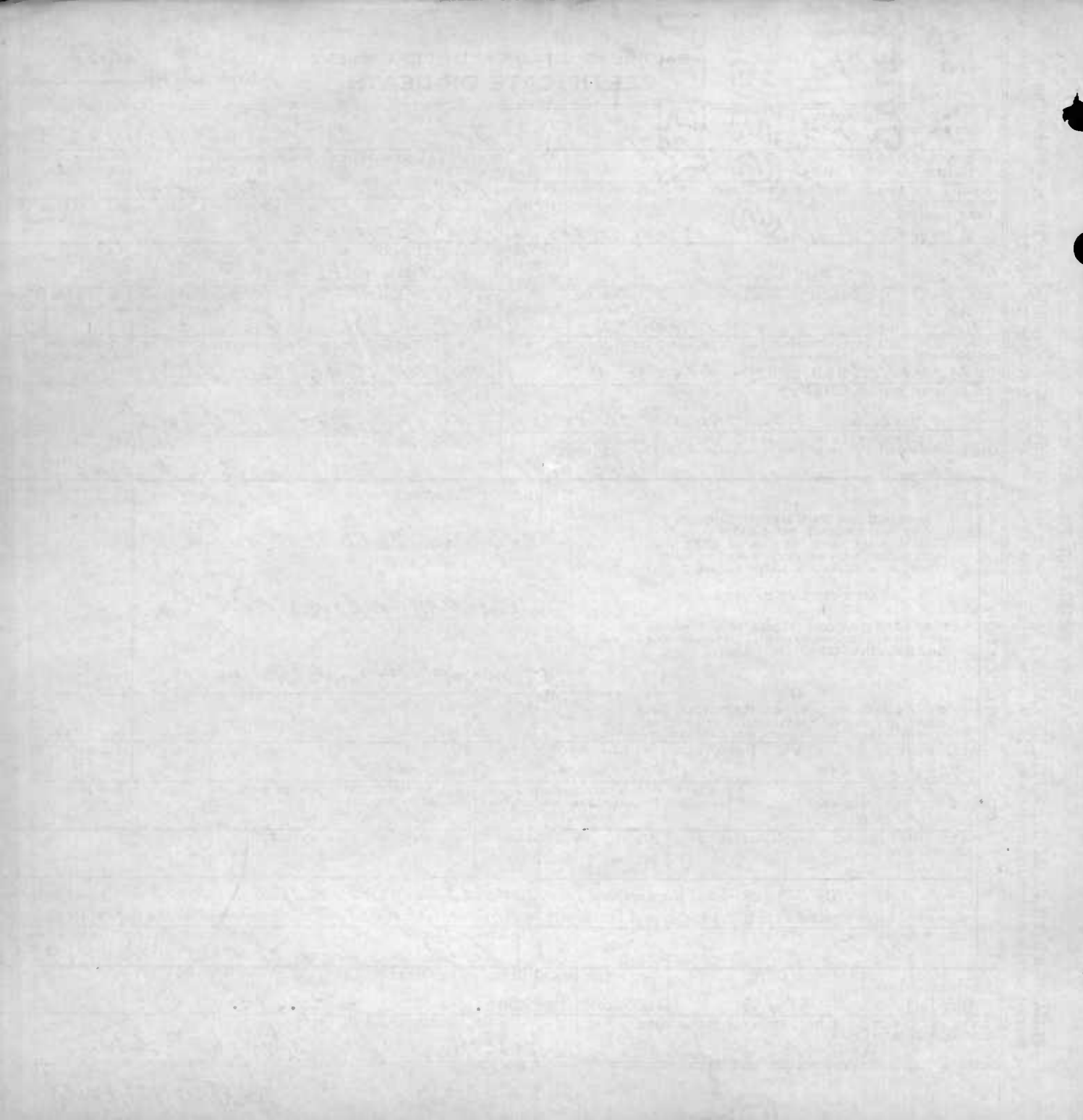
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANDREW JACOB PENNELL			2. DATE OF DEATH MAY 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSP. OF MARYLAND			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore 55 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5134 ROLLING RD. 5300		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 24, 1891	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) MECHANIC (saw sharp)			10B. KIND OF BUSINESS OR INDUSTRY STEEL CO.		
11. BIRTHPLACE (State or foreign country) MARTINSBURG, WEST VA.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME CHARLES HOWARD PENNELL			14. MOTHER'S MAIDEN NAME MARGARET KERNS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 214 07 9484		
17. INFORMANT WIFE			ADDRESS 5134 ROLLING RD.		

18. 153X			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) CEREBRAL METASTATIC Ca.			?		
DUE TO								
ANTECEDENT CAUSES			(B) PULMONARY METASTATIC Ca.			?		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
II			(C) CARCINOMA COLON (PRIMARY)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION MARCH 1950			19B. MAJOR FINDINGS OF OPERATION CARCINOMA COLON			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NONE			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR? —		
22. I hereby certify that I attended the deceased from Jan 19 , 19 53 to MAY 1 , 19 53 , that I last saw the deceased alive on MAY 1 , 19 53 , and that death occurred at 10:50 P. m. , from the causes and on the date stated above.								
23A. SIGNATURE William O. Barnett			M. D. Lutheran Hosp of Md			23C. DATE SIGNED MAY 1, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 5/5/53			24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		
24D. LOCATION (City, town, or county) (State) Balto., Md.			24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 3 1953			24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
24G. FUNERAL DIRECTOR J. Pickner & Sons			24H. ADDRESS Bath 17, Md.			24I. 5543D		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4238

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY GILLOOLY

2. DATE OF DEATH May 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

513 Allendale St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

512 Allendale St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 22, 1875

9. AGE (In years last birthday)

77

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John O Donnell

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Harry Bibbington - 512 Allendale St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

5/1/53

ANTECEDENT CAUSES

DUE TO

HYPERTENSIVE & ARTERIO-SCLEROTIC Cardiovascular Disease

10 YRS +

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21d TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1946, to 5/1, 1953, that I last saw the deceased alive on 4/30, 1953, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

22a. SIGNATURE

22b. ADDRESS

22c. DATE SIGNED

M. D.

3629 Edmondson Ave

5/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/1/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 3 1953

Huntington Williams, M.D.

Wm. J. Vickner & Sons

Balto 17, Md

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4239**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MICHAEL J. HELFERTY**2. DATE
OF
DEATH**5-2-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**SINAI HOSP OF BALTO.**

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

FEB. 23, 18799. AGE (In years
last birthday)**74**10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**INSPECTOR**10B. KIND OF BUSINESS OR
INDUSTRY**BETH STEEL CO.**

11. BIRTHPLACE (State or foreign country)

EAGANVILLE, CANADA12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

PATRICK HELFERTY

14. MOTHER'S MAIDEN NAME

MARY CRAWFORD15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.**213-07-9633**

17. INFORMANT

ADDRESS

MARY J. HELFERTY**SAME**18. **420.1 and 260X**
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Diabetes Mellitus**INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/28, 1953**, to **5-2, 1953** that I last saw the
deceased alive on **5-2, 1953**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Stanley M. Silvers**M.D. Sinai Hosp of Balto****5-2-53**24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

5-7-53

24C. NAME OF CEMETERY OR CREMATORY

ST. JAMES CEM.

24D. LOCATION (City, town, or county)

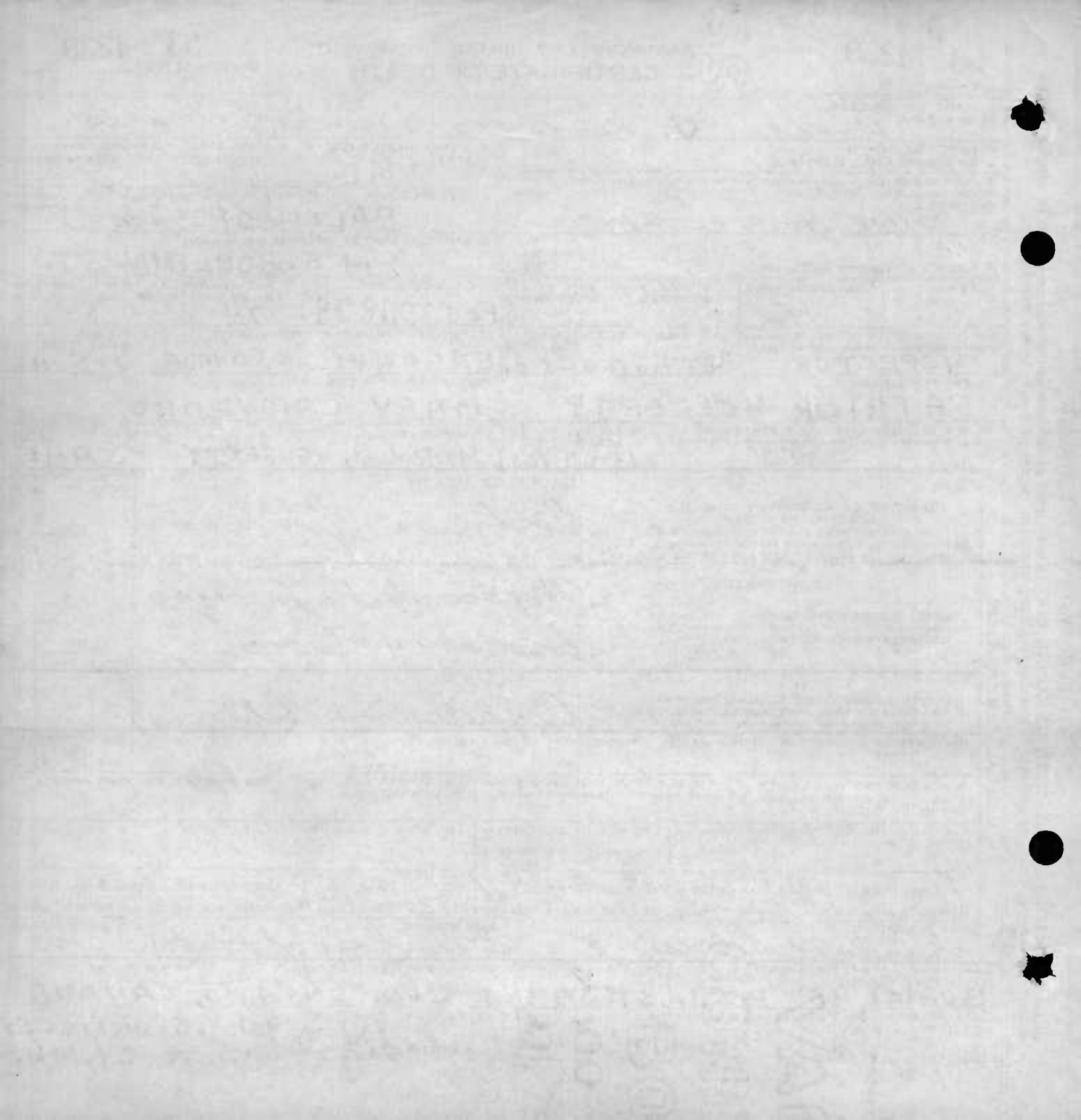
ONTARIO, CANADADATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 3 1953**Huntington Williams, M.D.****Charles S. Zeiler****901 S. CONKLING ST****BALTO, 24, MD.**



53 4240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4240

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH J. Mc GEE

2. DATE
OF
DEATH

5-1-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1421 Mc HENRY ST

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 19-03

D. STREET ADDRESS (If rural, give location)

1421 Mc HENRY ST

c. Length of stay in Baltimore

5 1/2

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov 8-1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DENTAL HELPER

10B. KIND OF BUSINESS OR
INDUSTRY

KOPPERS CO

11. BIRTHPLACE (State or foreign country)

PENNA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Mc GEE

14. MOTHER'S MAIDEN NAME

MARTHA ALLEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

194-10-6121

17. INFORMANT

Emma Mc GEE 1421 Mc HENRY

ADDRESS

18. 50211

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Endocarditis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Bronchitis

DUE TO

1 yr

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17, 1953, to May 1, 1953, that I last saw the
deceased alive on 4/30, 1953, and that death occurred at 6:00 m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Meadows

23B. ADDRESS

1229 Indiana St

23C. DATE SIGNED

5/2/53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

BURIAL

24B. DATE

5-4-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore MD

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 4 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. H. Cr. B. M. Walters

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4241
Registered No.53 4241
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Radio Technician

10B. KIND OF BUSINESS OR
INDUSTRY

Signal Depot

13. FATHER'S NAME

Thomas R. Sinkfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

219-28-8994

2. DATE
OF
DEATH4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

27-12

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS

439 Schwartz Ave

8. DATE OF BIRTH

8-25-98

9. AGE (In years
last birthday)

54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

Roanoke, Va.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

14. MOTHER'S MAIDEN NAME

Hattie Walters

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 445X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Uremia

DUE TO

(B)

Malignant Hypertension

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

A-V fistula femoral vessels

19A. DATE OF OPERATION

7

19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31-1953 to 5-1-1953 that I last saw the
deceased alive on 5-1-1953 and that death occurred at 3:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Carol H. Johnson

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/5/53

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Rest

24D. LOCATION (City, town, or county)

Towson, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 4 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Schatzman

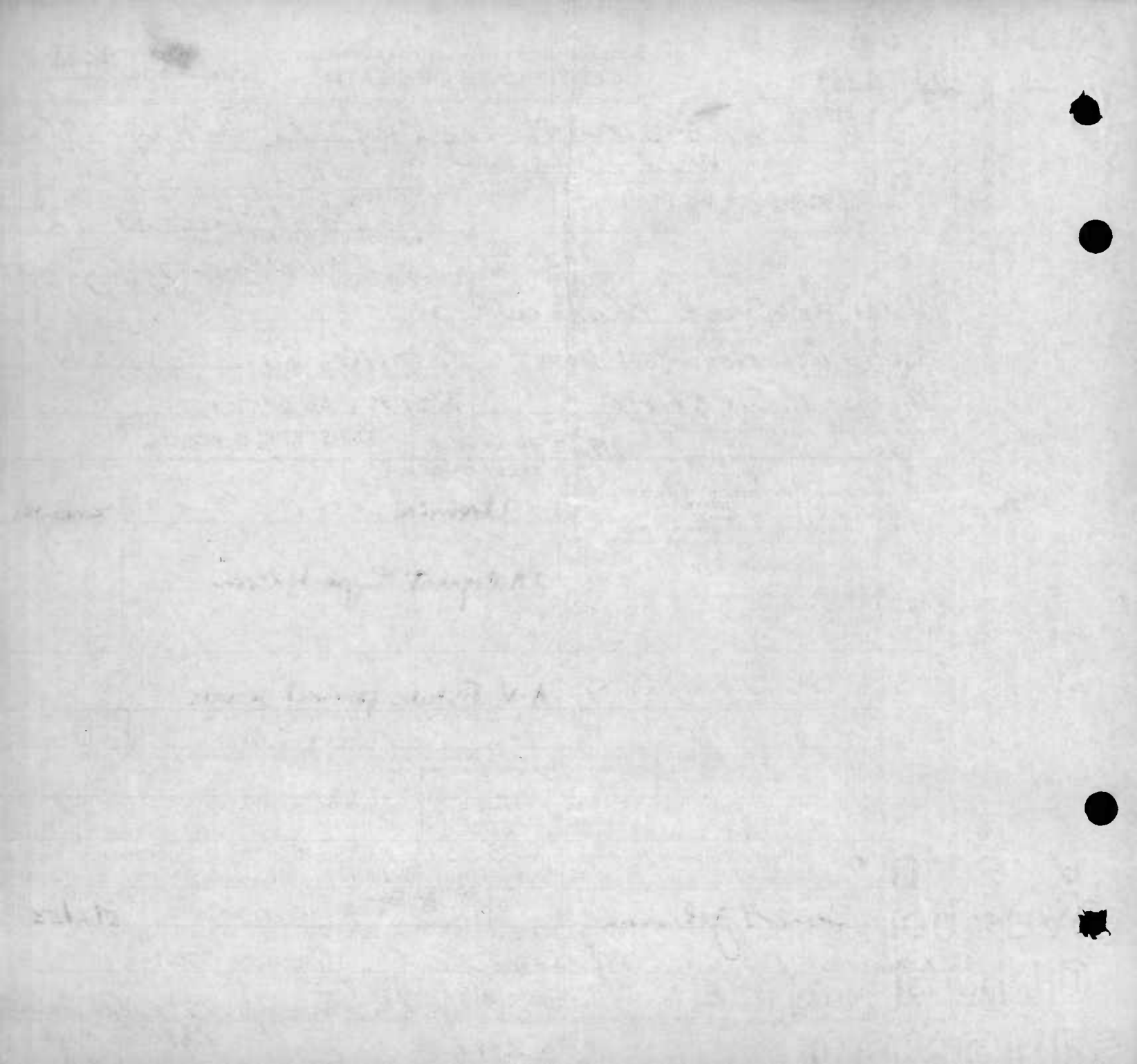
ADDRESS

4-1201 M. & Cullott

VS 150

55291

13 Balto. Md.



5-420

53 4242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 4242
BIRTH NO.

1. NAME OF DECEASED (Type or Print) STEPHEN W. SLOWIK			2. DATE OF DEATH May 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 508 S. Ellwood Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 57 yrs.			D. STREET ADDRESS (If rural, give location) 508 S. Ellwood Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 17, 1893	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter			10B. KIND OF BUSINESS OR INDUSTRY Restaurant		
11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Teofil Slowikowski			14. MOTHER'S MAIDEN NAME Sophia Zytowieska		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 215 07 2200		
17. INFORMANT Mrs. Martha Slowik, 508 S. Ellwood Avenue			ADDRESS		

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Dilatation		INTERVAL BETWEEN ONSET AND DEATH Instant
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute Nephritis		7 days
(C) Hypertension		3 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from April 28, 1953 to May 1, 1953 that I last saw the deceased alive on April 28, 1953 and that death occurred at 11 A. M. from the causes and on the date stated above.				
23A. SIGNATURE John V. Szydlowski M. D.		23B. ADDRESS 1802 Eastern Ave		23C. DATE SIGNED 5-2-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 5, 1953	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (Specify county) Baltimore	(State) Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAY 4	REGISTRAR'S SIGNATURE Wm. H. Tunstington	25. FUNERAL DIRECTOR M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE
--	--	--

784 6M Charles W. Sadowski

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF, BUREAU OF PLANT INDUSTRY

ST. LOUIS, MO., MAY 1, 1917

TO THE HONORABLE

THE SENATOR

FROM

THE CHIEF, BUREAU OF PLANT INDUSTRY

DEAR SENATOR:

Very respectfully,

Yours very truly,

W. L. GAY

Chief, Bureau of Plant Industry

U. S. Department of Agriculture

Washington, D. C.

Enclosed for you are

two copies of a report

on the subject of

the proposed

amendment to the

act of March 3, 1907

relating to the

protection of

the interests of

the people of the

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4243

BIRTH NO. 4243

1. NAME OF DECEASED
(Type or Print)

LEBER, MILDRED

2. DATE OF DEATH 5/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION

Univ. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

ESSEY

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

11 STABILIZER DRIVE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Dec. 15, 1918

9. AGE (In years last birthday)

34

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Taylor Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Von Bergen

14. MOTHER'S MAIDEN NAME

Anne Schlappe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Edward Leber - 11 Stabilizer Rd - 20

ADDRESS

18. 204.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ACUTE LYMPHATIC LEUKEMIA

Swk

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1953, to 5/3, 1953, that I last saw the deceased alive on 5/3, 1953, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John A. Shaw

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

5/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5-7-53

24C. NAME OF CEMETERY OR CREMATOR

Forest Home Cem. Taylor Pa.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

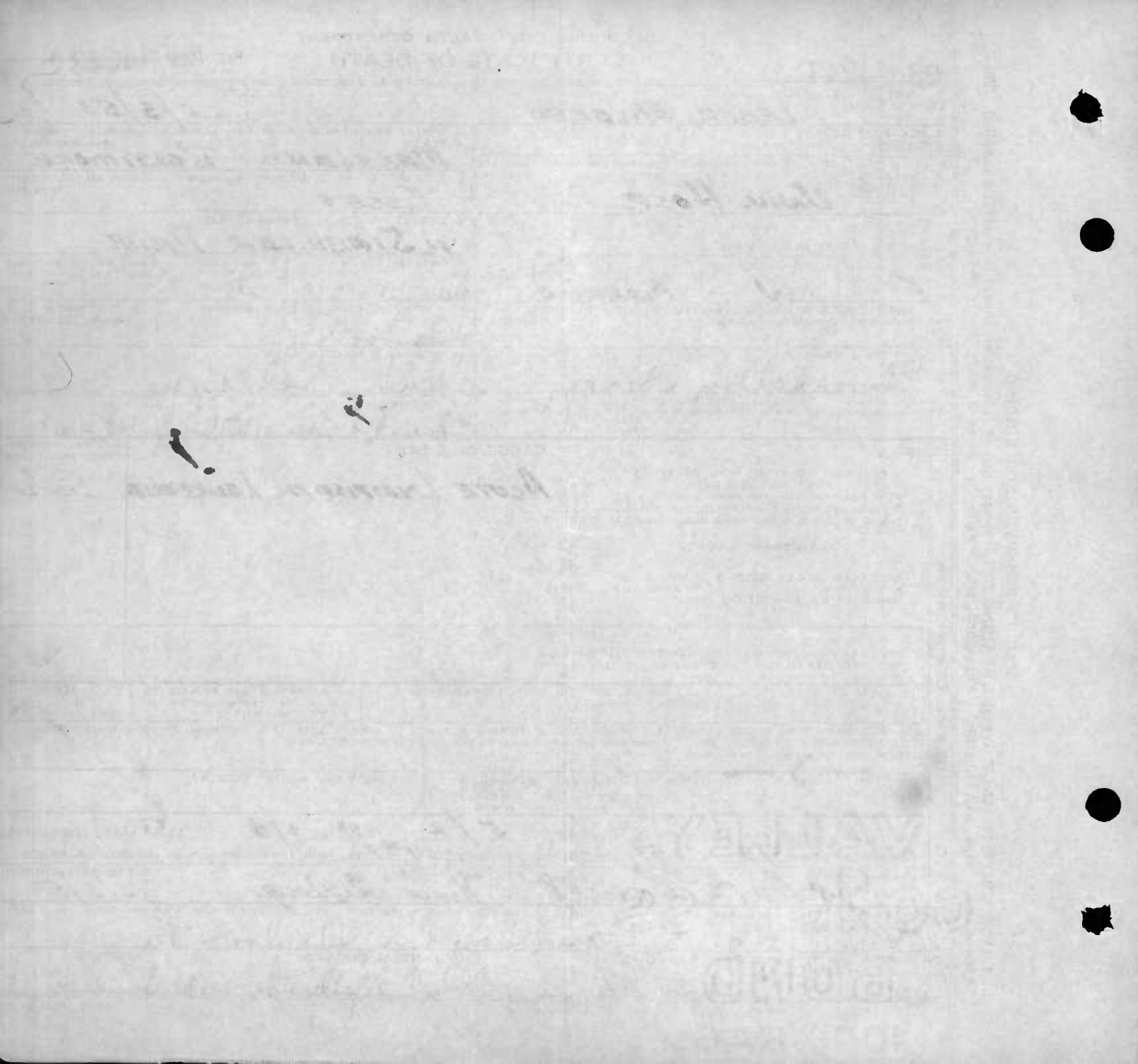
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John C. Miller, Inc. - 2431 E. Olney St



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4244
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alfred Stewart

2. DATE
OF
DEATH

May 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Ose 7

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

33

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Sparrow Pt.

D. STREET ADDRESS (If rural, give location)

1005 K St

5300

c. Length of stay in Baltimore

2 1/2 Yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-6-1907

9. AGE (In years last birthday)

45

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Metal Chipper

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Halifax Co., Va.

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Charles Stewart

14. MOTHER'S MAIDEN NAME

Mae Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-07-2097

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Increased intra-cranial pressure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of lung &

DUE TO metastases to brain.

(C) 7 wks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1953 to 5-1, 1953 that I last saw the deceased alive on 5-1, 1953, and that death occurred at 7:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

William Cunningham

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/5/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion A. M. E. Halifax Co., Va.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

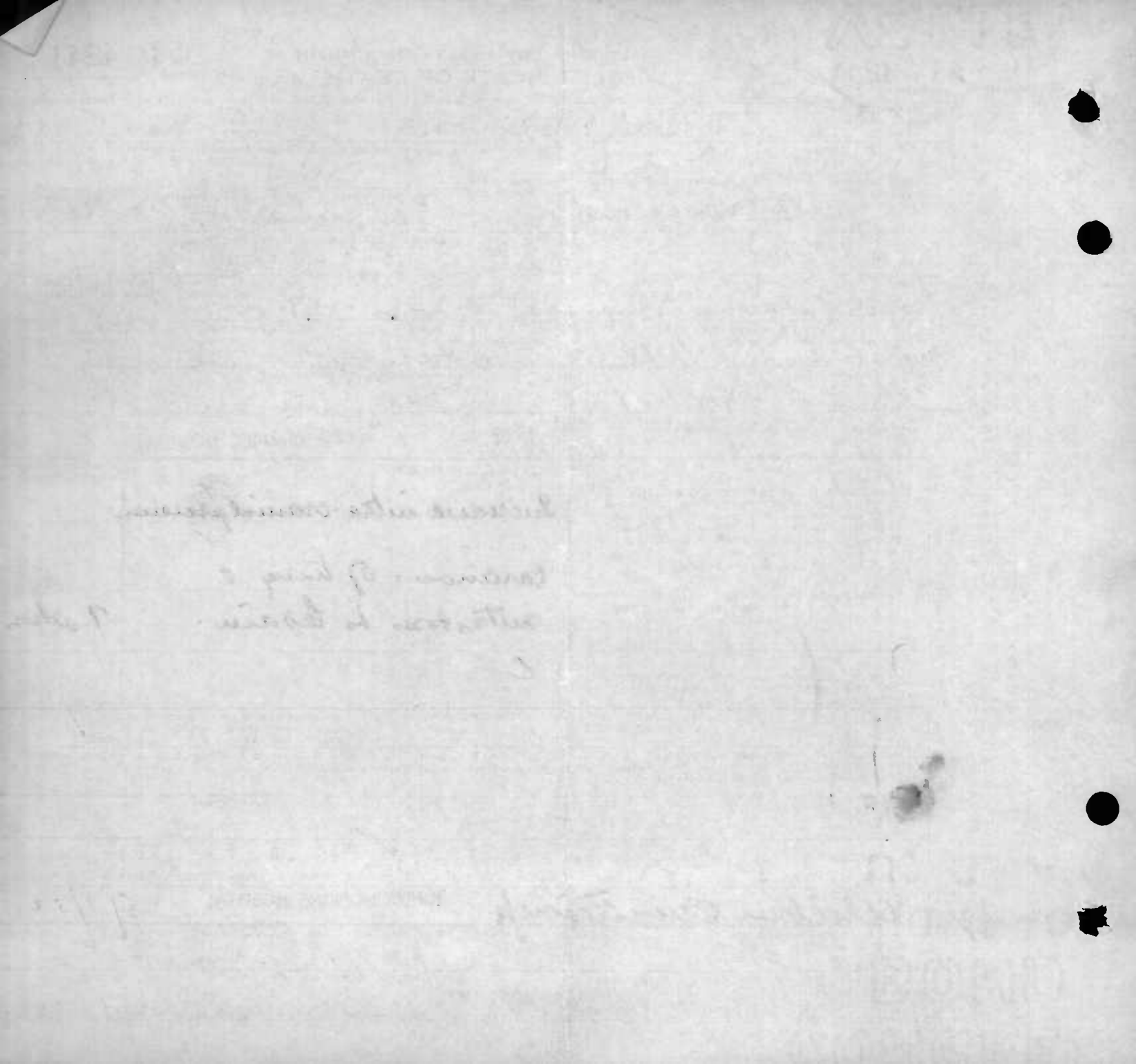
ADDRESS

Charles L. Law, 802 Mad. Ave.

MAY 4 1953

VS 150

9703A



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4245
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SOLOMON LURIE

2. DATE
OF
DEATH

MAY 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

LUTHERAN HOSPITAL OF MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

27-18

D. STREET ADDRESS (If rural, give location)

5417 GIST AVE

c. Length of stay in Baltimore

49

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1

9. AGE (In years last birthday)

76

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Taylor

10B. KIND OF BUSINESS OR INDUSTRY

Seef

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Ilda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Robert Lurie 3420 Dupont

18. **199.9**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMA TOSIS

INTERVAL BETWEEN ONSET AND DEATH

AT LEAST 8 MONTHS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

WITH MULTIPLE METASTASES

AT LEAST 8 MONTHS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

AND PATHOLOGICAL FRACTURE OF LEFT HUMERUS

5 DAYS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **APRIL 28, 1953**, to **MAY 3, 1953**, that I last saw the deceased alive on **MAY 3, 1953**, and that death occurred at **8 PM** m., from the causes and on the date stated above.

23A. SIGNATURE

William D. Rossow

23B. ADDRESS

Lutheran Hospital of Maryland

23C. DATE SIGNED

MAY 3, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-5-53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

24D. LOCATION (City, town, or county)

Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewicki 2100 Canton St

MAY 4 1953

VS 150

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS

County of _____

Shelf No. _____

Page No. _____

Volume No. _____

Record No. _____

Book No. _____

Page No. _____

100

Page No. _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4246**BIRTH NO. **53 4246**1. NAME OF DECEASED
(Type or Print)**Gertrude Eldred Young**2. DATE
OF
DEATH**May 1/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **425 E. Hamburg St.**B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**425 E. Hamburg St**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

425 E. Hamburg St.

c. Length of stay in Baltimore

59 yrs.Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

Sept 27 - 18699. AGE (in years
last birthday)**83**If Under 1 Year
Months: Days**8****4**If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)**Retired H. W.**10B. KIND OF BUSINESS OR
INDUSTRY**-**

11. BIRTHPLACE (State or foreign country)

Ohio12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nicholas**Eldred**

14. MOTHER'S MAIDEN NAME

Maruitta Beardsley15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Gertrude Y. Steinmann

ADDRESS

18. **442X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)**Cardio-renal-vascular
disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH**12/9/51.**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/9/51**, 19**51**, to **5/1/53**, 19**53** that I last saw the
deceased alive on **4/30/53**, 19**53**, and that death occurred at **3 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Lab. Barden

M. D.

23B. ADDRESS

323 medarts Bldg

23C. DATE SIGNED

5/2/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

May 4/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Nitzke

ADDRESS

4101 Edmondson Ave.

25-31

10-10

RECEIVED BY THE DEPT. OF THE ARMY

1914

25

25-31

RECEIVED BY THE DEPT. OF THE ARMY

U. S. A.

1062443

BOND

CONGRESS

VALLEY

25-31

U. S. A.

25-31

25-31

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25-31

25-31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4247

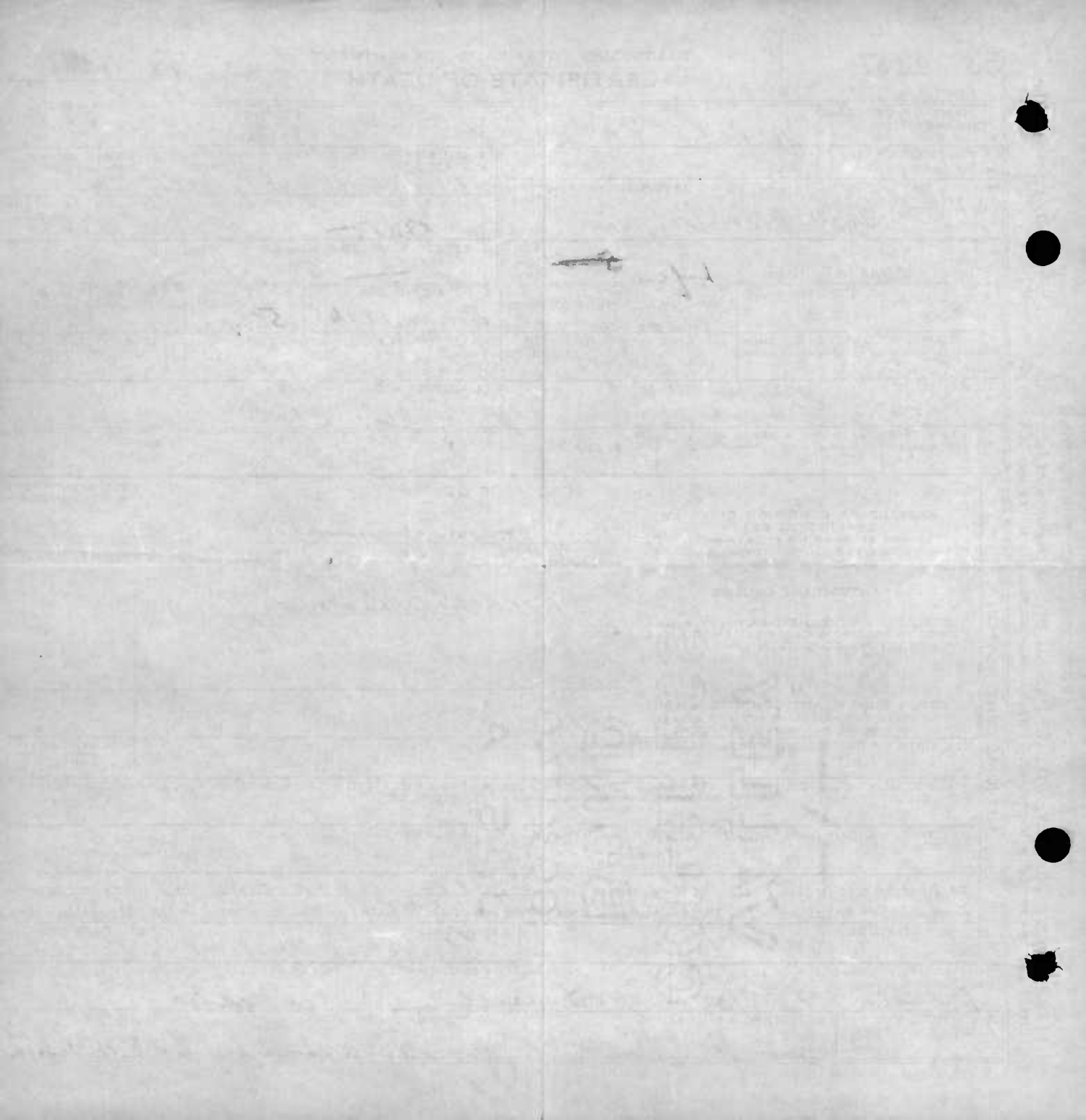
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4247

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ALBERT PARKER	
2. DATE OF DEATH 4-30-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 16-02	
D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Life 62 yrs. Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE ed
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH Dec. 19, 1896	
9. AGE (In years; last birthday) 56 yrs	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY gen.	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME Henry Parker	
14. MOTHER'S MAIDEN NAME Fances Chase	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS	
18. 491x CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Toxemia DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Broncho pneumonia DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 0	
19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 19, 1953 , to April 30, 1953 , that I last saw the deceased alive on April 30, 1953 , and that death occurred at 3:40 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Joseph L. Seyno M. D.	
23b. ADDRESS Provident Hospital	
23c. DATE SIGNED 5-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/5/53	
24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24d. LOCATION (City, town, or county) (State) Balto	
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1953	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR ADDRESS James A. Hayes 638 N. 9th	

VS 150

97099



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 424853 4248

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>ELIZABETH SEWEL</u>			2. DATE OF DEATH <u>4-30-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>PROVIDENT HOSPITAL</u>			C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>18-02</u>		
c. Length of stay in Baltimore <u>LIFE</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>577 Carrollton Ave. Balto Md.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>ed</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Aug 30, 1886</u>	9. AGE (In years last birthday) <u>67</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Marys Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Frank Cole</u>			14. MOTHER'S MAIDEN NAME <u>Mary B. Buror</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>174 Mt</u>		

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) chronic Lymphocytic Leukemia

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from April 27, 1953, to April 30, 1953, that I last saw the deceased alive on April 30, 1953, and that death occurred at 3:07 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 4 1953
VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY, N. Y.

IN SENATE,
January 1, 1901.

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900.

ALBANY: JAMES B. LEECH, STATE PRINTER.

1901.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4249

53 4249
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Norman H. John</i>			2. DATE OF DEATH <i>May 1, 1953</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>6-01</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>37 Mercy Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore #24</i>		
c. Length of stay in Baltimore			o. STREET ADDRESS (If rural, give location) <i>130 North East Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>8/19/1895</i>		9. AGE (in years last birthday) <i>57</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Foreman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>B+O. R. R.</i>	11. BIRTHPLACE (State or foreign country) <i>D. C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>William H. H. John</i>			14. MOTHER'S MAIDEN NAME <i>Emma Blanche Beaumont</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, no or unknown) <i>??</i>		16. SOCIAL SECURITY NO. <i>??</i>	17. INFORMANT ADDRESS <i>Mrs. Frances H. John 130 N. East Ave</i>		
18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Acute hepatic insufficiency</i> DUE TO (B) <i>Metastatic carcinoma of liver</i> DUE TO (C) <i>adenocarcinoma of pancreas</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 days</i> <i>7</i> <i>?</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>May 24, 1953</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinomatous implants in liver</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 11, 1953</i> to <i>May 1, 1953</i> that I last saw the deceased alive on <i>May 1, 1953</i> and that death occurred at <i>8:50 a. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert A. Moore Jr.</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>May 1, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/4/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oaklawn</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, md</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Oaklawn</i>		24F. LOCATION (City, town, or county) <i>Baltimore, md</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>John A. Moran 3000 E. Balt. H</i>	
MAY 4 1953		52350		Per AB Lewis	

Orlando

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4250BIRTH NO. 53 4250

1. NAME OF DECEASED (Type or Print) <u>GEORGE MAGUIRE</u>			2. DATE OF DEATH <u>5-14-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>BALTIMORE</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>MERCY HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>DUNDALK - 2V 5258</u>		
c. Length of stay in Baltimore <u>37</u> Yrs. <u>Most</u> Days			D. STREET ADDRESS (If rural, give location) <u>3841 NORTHPOINT RD.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-3-1869</u>	9. AGE (in years last birthday) <u>84</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN-MAINTENANCE</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>STEEL MFR</u>	11. BIRTHPLACE (State or foreign country) <u>MAINE</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>JOHN W.</u>			14. MOTHER'S MAIDEN NAME <u>ANN GANNON</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>213-07-8555</u>	17. INFORMANT ADDRESS <u>JACK B. MAGUIRE - SON - SAME</u>		
18. <u>422.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CARDIO-RESPIRATORY FAILURE</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>PNEUMONIA, INTERSTITIAL, PK.</u> DUE TO <u>arteriosclerotic cardio-vascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> <u>2 WEEKS</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>NO ONE</u>			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>4-26</u> , 19 <u>53</u> , to <u>5-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-2</u> , 19 <u>53</u> , and that death occurred at <u>2:30</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>C. P. Ireland</u>			23B. ADDRESS <u>Maryland</u>		23C. DATE SIGNED <u>5-2-53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>5-5-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN</u>	24D. LOCATION (City, town, or county) (State) <u>BALTO. CO., MD.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 4 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, MD.</u>	25. FUNERAL DIRECTOR <u>Walter Brooke Bradley, Dundalk, MD.</u>		ADDRESS	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4251
BIRTH NO.

53 4251

1. NAME OF DECEASED (Type or Print) DR. EDWARD HOWARD TONOLLA			2. DATE OF DEATH MAY 1-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. MD.			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 3414 CHESLEY AVE			6. CITY OR TOWN. (If outside corporate limits, write RURAL and give township) BALTIMORE 27-05		
7. Length of stay in Baltimore 30 YRS			8. STREET ADDRESS (If rural, give location) 3414 CHESLEY AVE.		
9. SEX M.	10. COLOR OR RACE W.	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	12. DATE OF BIRTH OCT. 16, 1893		13. AGE (in years last birthday) 59
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN			15. KIND OF BUSINESS OR INDUSTRY MEDICAL		16. BIRTHPLACE (State or foreign country) NEW YORK CITY N.Y.
17. FATHER'S NAME GEORGE C. TONOLLA			18. MOTHER'S MAIDEN NAME SADIE HEIDELBERG		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WWI			20. SOCIAL SECURITY NO. 520569855		21. INFORMANT ADDRESS EDNA GRACE TONOLLA
22. 456X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pericarditis Nodosa			23. CAUSE OF DEATH multiple cerebral pulmonary + muscular emboli		
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			25. INTERVAL BETWEEN ONSET AND DEATH 4 YRS		
26. 19A. DATE OF OPERATION			27. 19B. MAJOR FINDINGS OF OPERATION SAME AS ABOVE		
28. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			29. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
30. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			31. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
32. 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			33. 21F. HOW DID INJURY OCCUR?		
34. 22. I hereby certify that I attended the deceased from May 1, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.					
35. 23A. SIGNATURE Donald W. Hunter			36. 23B. ADDRESS 3009 Evergreen Ave		37. 23C. DATE SIGNED May 1, 1953
38. 24A. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		39. 24B. DATE 5-4-53		40. 24C. NAME OF CEMETERY OR CREMATORY GREEN MOUNT	
41. 24D. LOCATION (City, town, or county) (State) BALTO. MD.		42. DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1953		43. REGISTRAR'S SIGNATURE Huntington Williams	
44. 25. FUNERAL DIRECTOR Edsworth Carmichael		45. ADDRESS 4600 Liberty Heights Ave			

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

RECEIVED
JAN 10 1917
U. S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

SUBJECT: [Illegible]

[Illegible text]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4252BIRTH NO. 53 4252

1. NAME OF DECEASED (Type or Print) MRS. ANNIE FISHER PARRISH		2. DATE OF DEATH 5/1/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE 11	
B. FULL NAME OF HOSPITAL OR INSTITUTION BON SECOURS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 11	
c. Length of stay in Baltimore Life ?		D. STREET ADDRESS (If rural, give location) 3634 FALLS RD.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1-19-72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-President		10B. KIND OF BUSINESS OR INDUSTRY Moving & Storage	9. AGE (In years last birthday) 81
13. FATHER'S NAME JESSE FISHER		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U S A	
16. SOCIAL SECURITY NO. 218-26-8130		14. MOTHER'S MAIDEN NAME ELSPETH ROBERTSON	
18. 153X		17. INFORMANT ADDRESS MR. EDWIN ALBERT PARRISH, 4607 ROLAND AVE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma Colon		DUE TO 2 mo. +	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 4-29-53		19B. MAJOR FINDINGS OF OPERATION Intestinal Obstruction	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 28, 1953 to May 1, 1953 that I last saw the deceased alive on May 1, 1953 , and that death occurred at 1:52 p. m. , from the causes and on the date stated above.			
23A. SIGNATURE L. Nelson McKay		23B. ADDRESS Bon Secours Hospital	
23C. DATE SIGNED May 1, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 4, 1953	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge		24D. LOCATION (City, town, or county) (State) Pikesville, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD.	
FUNERAL DIRECTOR Burgee Funeral Home		ADDRESS 3631 Falls Road	

DECLARATION OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

1-10-75

DECLARED BY

RELATIONSHIP

1-10-75

10

NOTARIAL PUBLIC

1-10-75

10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P. 632

53 4253

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4253

1. NAME OF DECEASED (Type or Print) ARTHUR PRITCHETT			2. DATE OF DEATH 5-2-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND c. CITY OR TOWN BALTIMORE (If outside corporate limits, write RURAL and give township 17-03) d. STREET ADDRESS (If rural, give location) 737 GEORGE ST.		
b. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			c. Length of stay in Baltimore 25 Yrs. Mos. Days		
5. SEX MALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 2-3-03	9. AGE (In years last birthday) 50	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER.			10b. KIND OF BUSINESS OR INDUSTRY —		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? —		
13. FATHER'S NAME ALFRED PRITCHETT			14. MOTHER'S MAIDEN NAME ANNIE COVEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —			16. SOCIAL SECURITY NO. —		
17. INFORMANT LOUISE BOWSER			737 ADDRESS GEORGE ST.		
18. 421.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Aortic Stenosis (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C)					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>			
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-1-53 , 19 53 , to 5-2-53 , 19 53 , that I last saw the deceased alive on 5-2-53 , 19 53 and that death occurred at 10:45 Am. , from the causes and on the date stated above.					
23a. SIGNATURE Harry M. Walsh M. D.			23b. ADDRESS University Hospital		23c. DATE SIGNED 5-3-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-5-53		24c. NAME OF CEMETERY OR CREMATORY MT AUBURN CEM.	
24d. LOCATION (City, town, or county) BALTIMORE		24e. ADDRESS 916			
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1953		REGISTRAR'S SIGNATURE William J. Jackson		25. FUNERAL DIRECTOR William J. Jackson	

VS 150

97099

THE STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

NAME OF DECEASED
DATE OF DEATH
PLACE OF DEATH

AGE AT DEATH
SEX
MARRIAGE

CAUSE OF DEATH
MANNER OF DEATH

DATE OF BURIAL
PLACE OF BURIAL
NAME OF MINISTER

OFFICIAL USE

53 4254

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4254

1. NAME OF DECEASED (Type or Print) <i>Charles Andrew Brown</i>			2. DATE OF DEATH <i>5/1/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>md</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>60 27 N. Carey St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-02</i>		
C. Length of stay in Baltimore <i>—</i>			D. STREET ADDRESS (If rural, give location) <i>923 Somerset St</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>e</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>w</i>	8. DATE OF BIRTH <i>6/6/1883</i>	9. AGE (In years last birthday) <i>69</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Va</i>	
13. FATHER'S NAME <i>Robert Brown</i>			14. MOTHER'S MAIDEN NAME <i>Mary Turpin</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Virginia Thomas</i> ADDRESS <i>543 Kameela</i>	

18. <i>204.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Chronic Myeloid Leukemia</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>1950</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 1, 1953</i> , to <i>May 4, 1953</i> , that I last saw the deceased alive on <i>May 4, 1953</i> , and that death occurred at <i>7 A. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>David B. Luke</i>		23B. ADDRESS <i>501 E. Eager St.</i>		23C. DATE SIGNED <i>5/4/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/4/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary A. C. Co. Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 4 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Isaiah L Brown</i> ADDRESS <i>108 W. Montgomery St.</i>	

Vol. 9418

James J. Mc

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4255

BIRTH NO. 53 4255

1. NAME OF DECEASED (Type or Print) TULL, RAYMOND		2. DATE OF DEATH 5-1-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Sinai Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 8-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital, Baltimore		C. CITY OR TOWN BALTIMORE	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1638 CLIFTVIEW Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 13-1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Supt		10B. KIND OF BUSINESS OR INDUSTRY CAN SERVICE	9. AGE (In years last birthday) 60
13. FATHER'S NAME Richard H. Tull		11. BIRTHPLACE (State or foreign country) OXford - Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes W.W. #1		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 216-05-7713		14. MOTHER'S MAIDEN NAME Laura C. Thomas	
17. INFORMANT Mrs. Airy V. Tull		ADDRESS 1638 CLIFTVIEW	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary infarction (A) _____ DUE TO ANTECEDENT CAUSES (B) _____ DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 3.31.1953		19B. MAJOR FINDINGS OF OPERATION Bleeding Duodenal ulcer	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 1 , 1953, to May 1 , 1953, that I last saw the deceased alive on May 1 , 1953, and that death occurred at 9:36 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Edwards		23B. ADDRESS Sinai Hospital Baltimore	
23C. DATE SIGNED 5/1/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-5-1953	
24C. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL		24D. LOCATION (City, town, or county) (State) BALTO Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Leonard J. Ruck		ADDRESS 5305 Harford Rd	

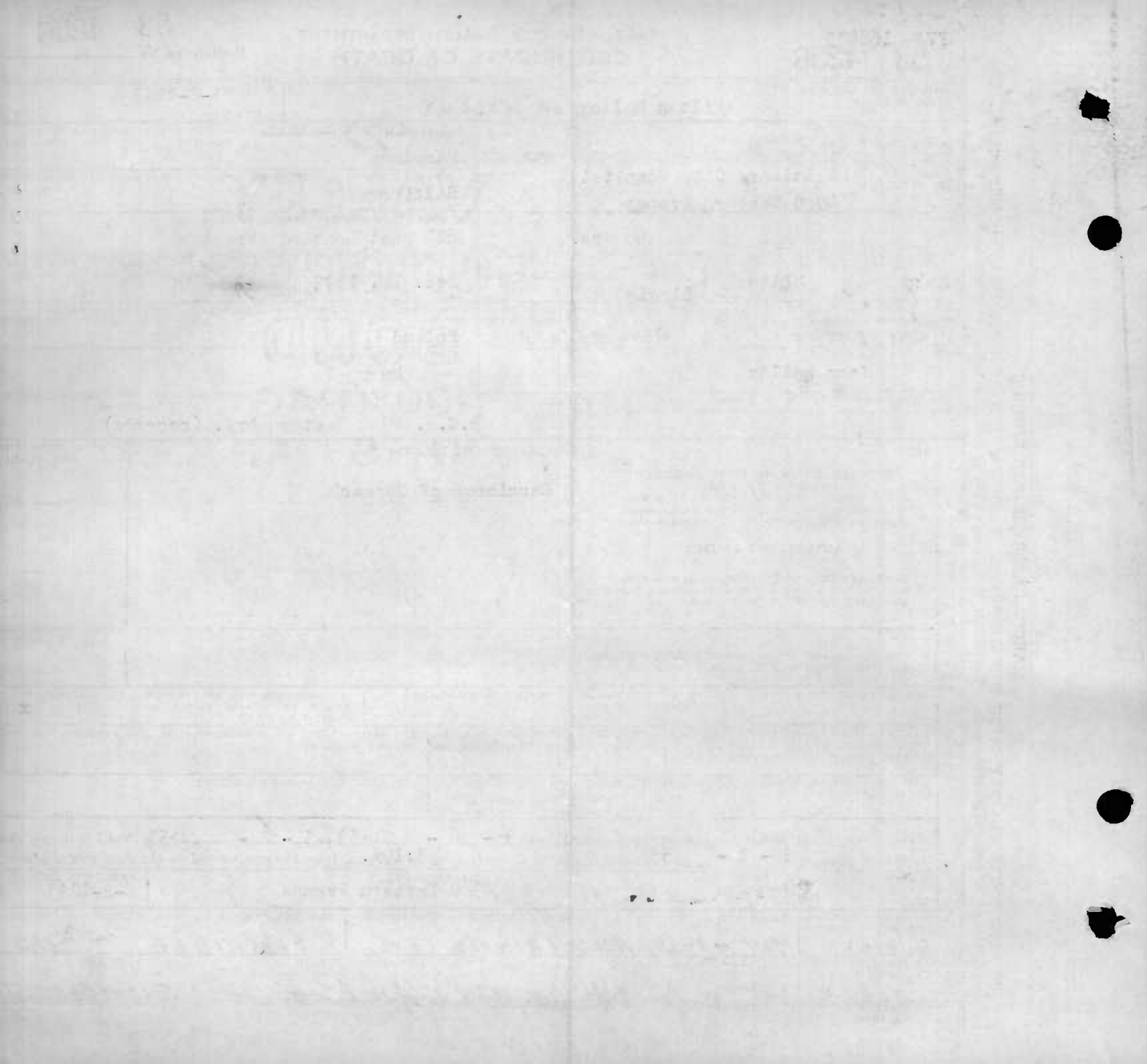
STATE OF OHIO

NOTICE

MARGIN RESERVED FOR BINDING

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4256 FVJ 168425 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4256 Registered No.	
1. NAME OF DECEASED (Type or Print) Milton Hallox or HOLLUX				2. DATE OF DEATH 5-2-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40 yrs.				D. STREET ADDRESS (If rural, give location) 824 West Lombard Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 18, 1893	9. AGE (in years last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10B. KIND OF BUSINESS OR INDUSTRY REAL ESTATE		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME John Hallox				14. MOTHER'S MAIDEN NAME Mary ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				CAUSE OF DEATH (A) Carcinoma of Stomach DUE TO (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3 - 6 - 1953 to 5 - 2 - 1953 , that I last saw the deceased alive on 5 - 2 - 1953 , and that death occurred at 5:10 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. James Bee...</i>				23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 5-2-1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 4 1953		24C. NAME OF CEMETERY OR CREMATORY HOLY TRINITY CEM.	
24D. LOCATION (City, town, or county) (State) ELK RIDGE MD.					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS 1800 E LOMBARD ST.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53

4257

BIRTH NO. 53 4257

1. NAME OF DECEASED
(Type or Print)

REGAN, THOMAS J.

2. DATE
OF
DEATH

5/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MD

B. COUNTY BALTO

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

BALTO

12-02

C. Length of stay in Baltimore

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

THE MANGLANDER APT. 533 ST PAUL & UNIV. PKY

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Dec 5th 18849. AGE (in years
last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Regan

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W. W. #1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Emma McKinn 2861 Pelham Ave

18.

177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

metastatic carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CA of prostate &
metastasis to lung
ribs, brain

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

wrenia

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2/53, 19, to 5/3/53, 19, that I last saw the
deceased alive on 5/3, 19 53, and that death occurred at 3 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard A. Smoller

M. O.

23B. ADDRESS

714 N. BROADWAY

23C. DATE SIGNED

5/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/6/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

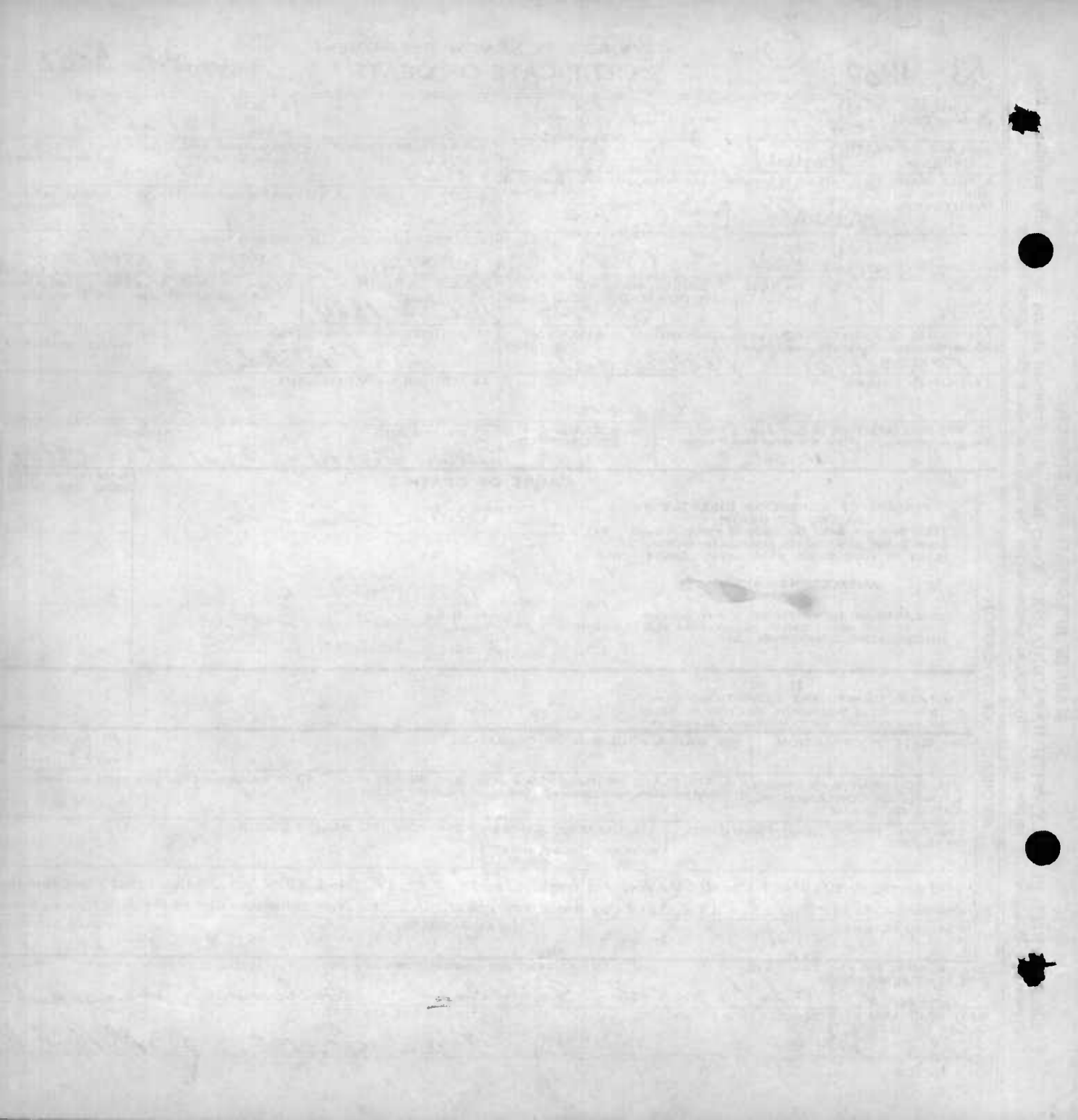
REGISTRAR'S SIGNATURE

H. Kingston Williams

25. FUNERAL DIRECTOR

ADDRESS

St. M. Cook, Inc., 1217 St. Paul St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4258

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charlie Bolden

2. DATE OF DEATH
Apr 30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2318 Hunter St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-04

D. STREET ADDRESS (If rural, give location)
2318 Hunter St

c. Length of stay in Baltimore

45 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-15-1881

9. AGE (In years last birthday)

72

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

John Bolden

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Rebecca Bolden 2318 Hunter St

ADDRESS

18. 431X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1953, to April 30, 1953, that I last saw the deceased alive on April 30, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Paul J. Plessner M. D.

23B. ADDRESS

301 - E - 22nd St.

23C. DATE SIGNED

May 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/4/53

24C. NAME OF CEMETERY OR CREMATORY

MY Calvary Em. A. A. Co.

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

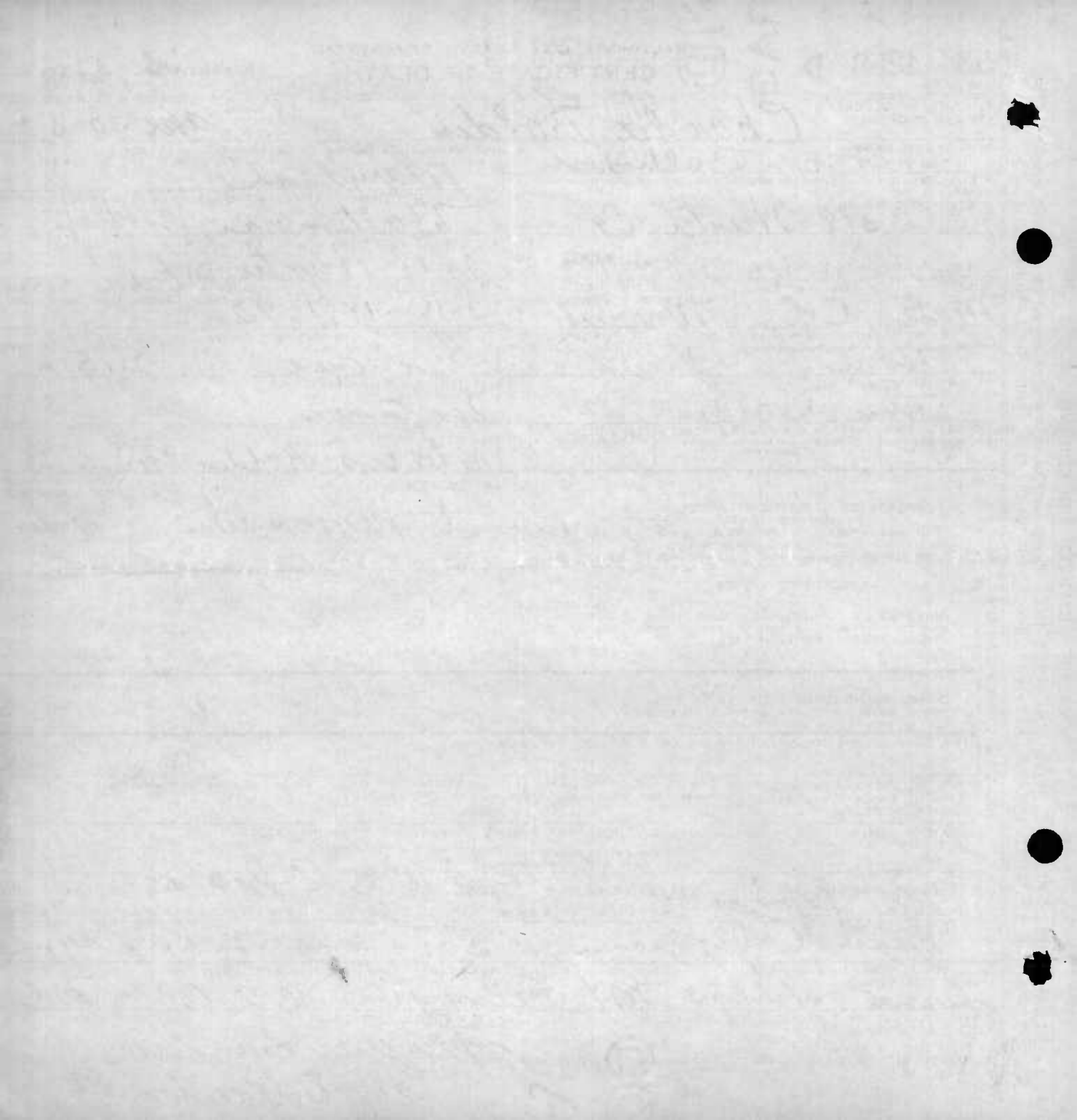
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Payner Sanders

ADDRESS

217 E. Preston St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

VONDERHEIT

2. DATE
OF
DEATH May 1, 19533. PLACE OF DEATH:
a. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE Maryland b. COUNTY before admission)b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township) 22-01

d. STREET ADDRESS (If rural, give location)

18 E. York Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE; MARRIED;
WIDOWED; DIVORCED (Specify)

widowed

8. DATE OF BIRTH

4/6/1888

9. AGE (in years
last birthday)

65

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Vonderheit

14. MOTHER'S MAIDEN NAME

Louise Weeper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Pauline M. Mix 2837 Erdman Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

William Vonderheit

23b. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐23c. DATE SIGNED
May 1, 195324a. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24b. DATE

5/5/1953

24c. NAME OF CEMETERY OR CREMATORY

Balto. National

24d. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 4 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Fleming & Fleming

ADDRESS

1426 Light St.

VS 151

97099

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4260**

53 4260

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas John O'Connell

2. DATE
OF
DEATH

5/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *1309 W Belvedere*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD* B. COUNTY *Baltimore City*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-15

D. STREET ADDRESS (If rural, give location)
1309 W Belvedere

c. Length of stay in Baltimore

39 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Dec 9, 1889

9. AGE (In years last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR INDUSTRY

books

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John O'Connell

14. MOTHER'S MAIDEN NAME

Mary Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs Harvey MacHaver

ADDRESS

1309 W Belvedere Baltimore

18. *450.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

gangrene, rt foot

1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

generalized arteriosclerosis

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct*, 1952, to *3 May*, 1953, that I last saw the deceased alive on *1 May*, 1953, and that death occurred at *1 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Paul R. Roney

23B. ADDRESS

Pikesville 8 Ld

23C. DATE SIGNED

3 May 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

5/1/53

24C. NAME OF CEMETERY OR CREMATORY

--

24D. LOCATION (City, town, or county)

Winchester, Va.

DATE RECEIVED BY REGISTAR

MAY 4 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. M. J. Vickers & Sons

ADDRESS

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE UNIVERSITY OF CHICAGO
LIBRARY

1.1.11.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-266

53 4261

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4261

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			ANNA M. McCREER			May 2, 1953		
3. PLACE OF DEATH:						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
A. Baltimore City, Maryland						A. STATE		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3646 Elmley Ave.						B. COUNTY		
						Md.		
						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
						Baltimore		
c. Length of stay in Baltimore						D. STREET ADDRESS (If rural, give location)		
						3646 Elmley Ave.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months	11. Under 24 Hours Hours	12. Under 24 Hours Min.
female	white	married		Feb. 20, 1892	61			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
housewife				at home		Maryland		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
George Hammel				Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		
no				216-07-3673		Mr. Edward T. McCreer-3646 Elmley Ave.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
						(A) Coronary Occlusion		15 minutes
ANTECEDENT CAUSES						(B) Arteriosclerosis		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						(C) Hypertension		5 years?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						Premia Coronary Occlusion		3 years
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June, 1951, to Present, 1953, that I last saw the deceased alive on 4/30, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.								
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED		
W. H. Jamieson			11 E. Egan St			5/2/53		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
Burial			5/5/53			Holy Redeemer Cem.		
24D. LOCATION (City, town, or county) (State)			24E. FUNERAL DIRECTOR			24F. ADDRESS		
Balto., Md.			J. J. Tichner & Sons			Balto 17, Md.		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR		
MAY 4 1953			Thurston Williams, M.D.			J. J. Tichner & Sons		

DEPARTMENT OF HEALTH DEPARTMENT CERTIFICATE OF DEATH

1901

1901

<p>1. Name of deceased</p> <p>2. Sex</p> <p>3. Age</p> <p>4. Date of birth</p> <p>5. Place of birth</p> <p>6. Usual residence</p> <p>7. Cause of death</p> <p>8. Date of death</p> <p>9. Time of death</p> <p>10. Signature of physician</p> <p>11. Signature of registrar</p> <p>12. Signature of informant</p>	<p>13. Name of informant</p> <p>14. Address of informant</p> <p>15. Signature of informant</p> <p>16. Date of completion</p>
--	--

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH. IT IS TO BE SIGNED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH. IT IS TO BE SIGNED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-560
53 4262BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4262
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adele Lockerman Henry

2. DATE
OF
DEATH

May-3-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Womens Clinic A3

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-07

D. STREET ADDRESS (If rural, give location)

4216 Loch Raven Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-25-86

9. AGE (In years,
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Robert C. Lockerman

14. MOTHER'S MAIDEN NAME

Marion Woody

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Premia → Carcinomatosis

DUE TO

2 days
6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinomatosis Etiology?

DUE TO

6 mo.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1953, to 5-3, 1953, that I last saw the deceased alive on 5-3, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above

23A. SIGNATURE

Dr. W. S. Calhoun

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

5/6/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 4 1953

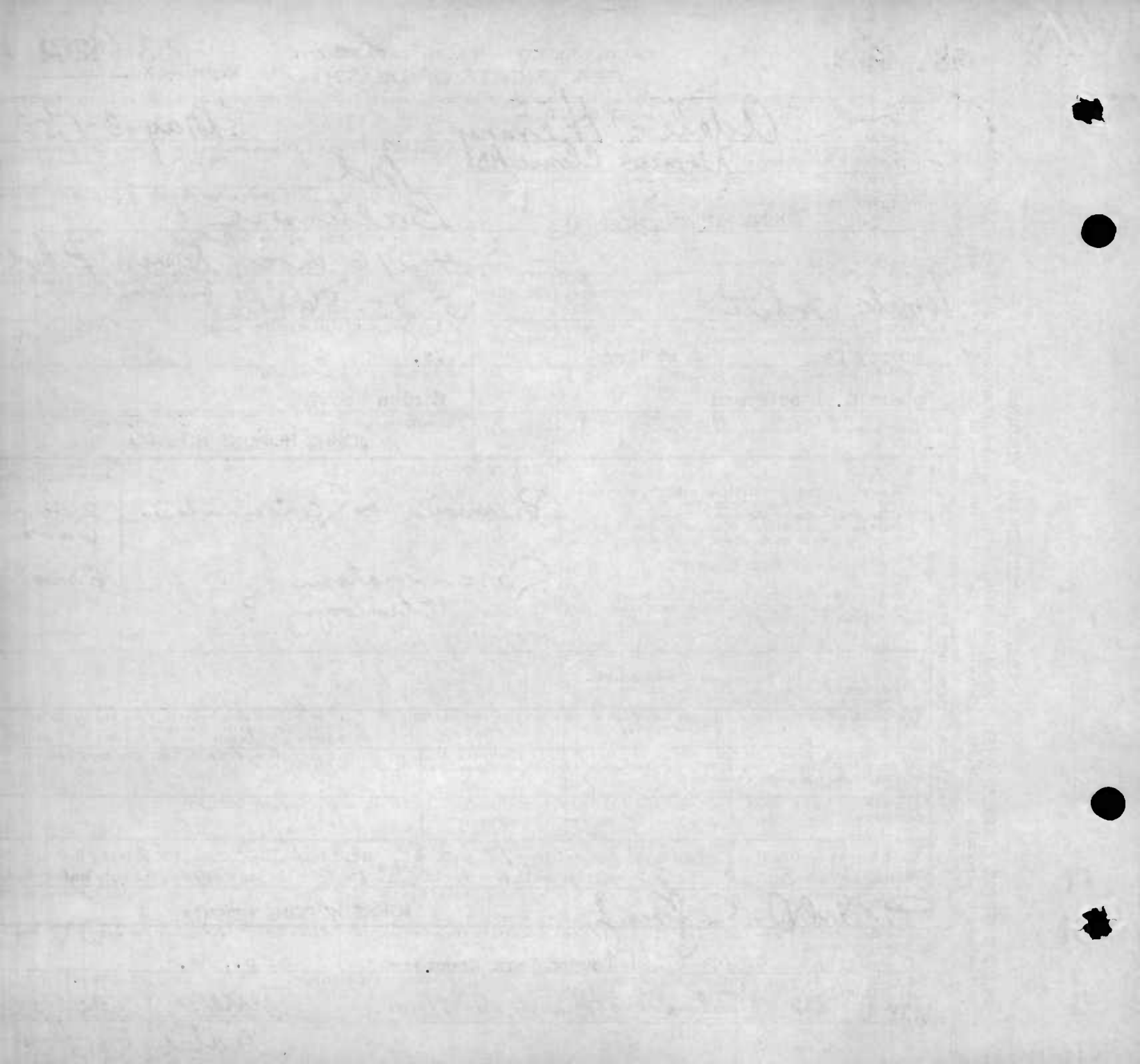
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Vickers & Sons
Balto 17, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-500
53 4263

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 4263

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HORACE EUGENE CONAWAY

2. DATE OF DEATH May 1, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore

529 N. Howard Street

D. STREET ADDRESS (If rural, give location)

Rex Hotel, 529 N. Howard Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Aug. 15, 1903

9. AGE (In years last birthday)

49

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

?

10B. KIND OF BUSINESS OR INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas B. Conaway

14. MOTHER'S MAIDEN NAME

Helen Swan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Richard Kaiser 6921 Georgia Ave. N.W.

18.

581.1

CAUSE OF DEATH

Washington 12-0-1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute and chronic alcoholism

XEROX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fatty liver

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Board

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

May 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/4/53

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd Cemetery

24D. LOCATION (City, town, or county)

Ellicott City

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 4

REGISTRAR'S SIGNATURE

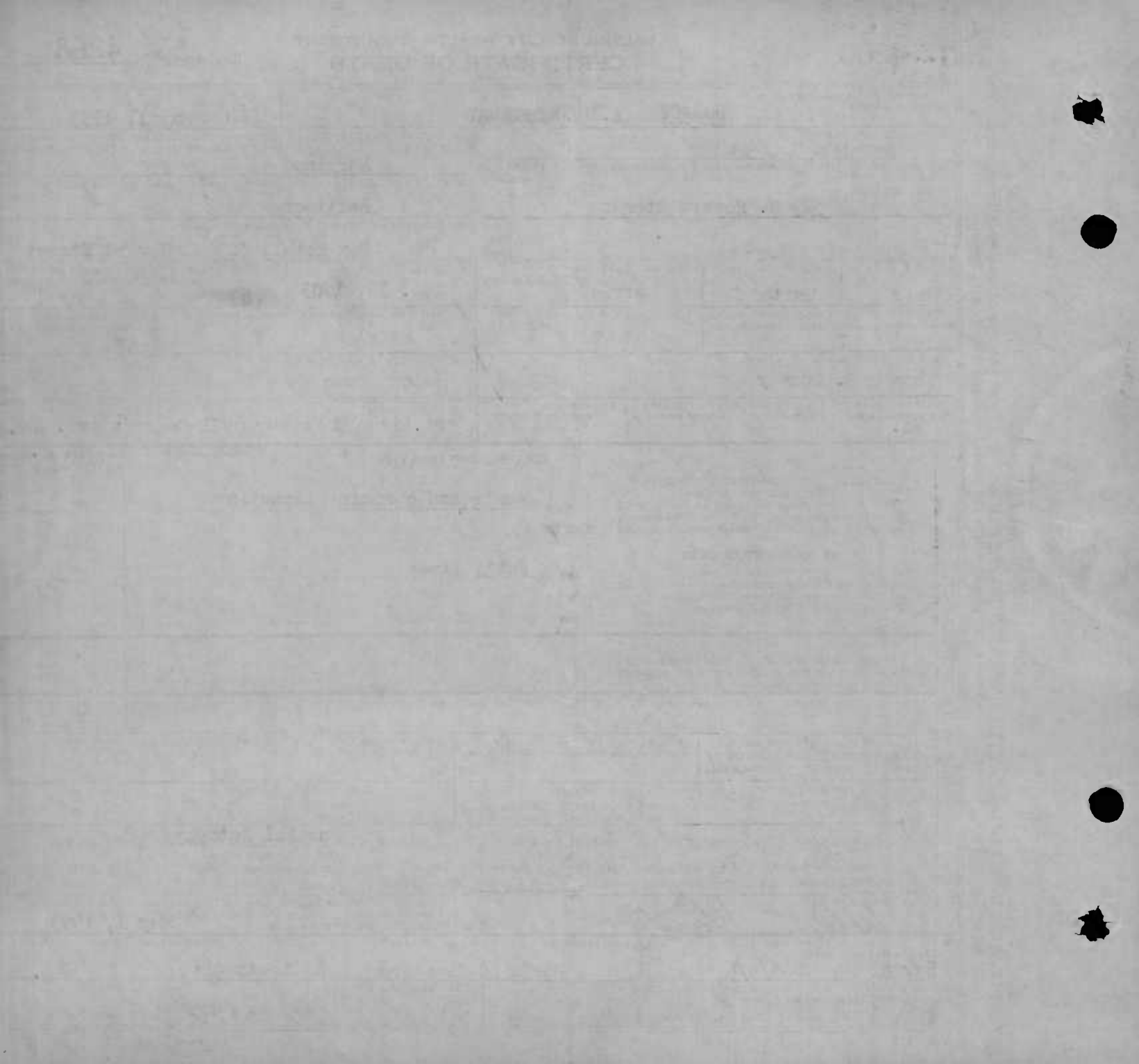
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John J. McKenney & Sons

ADDRESS

V S 151



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4264

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Lawrence Harman2. DATE OF DEATH May 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTY BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Union Memorial HospC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-03

c. Length of stay in Baltimore

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
3231 Kenyon Ave

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 30, 1895

9. AGE (In years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
office manager10B. KIND OF BUSINESS OR INDUSTRY
Tool Mfgs.11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Joseph V. Harman14. MOTHER'S MAIDEN NAME
Jennie Rickland15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
none none

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Amy Harman

ADDRESS

same1B. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cardiac insufficiency

DUE TO

5 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic heart disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1953, to May 2, 1953, that I last saw the deceased alive on May 2, 1953, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Mary L. P. Joff

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

May 2, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/5/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

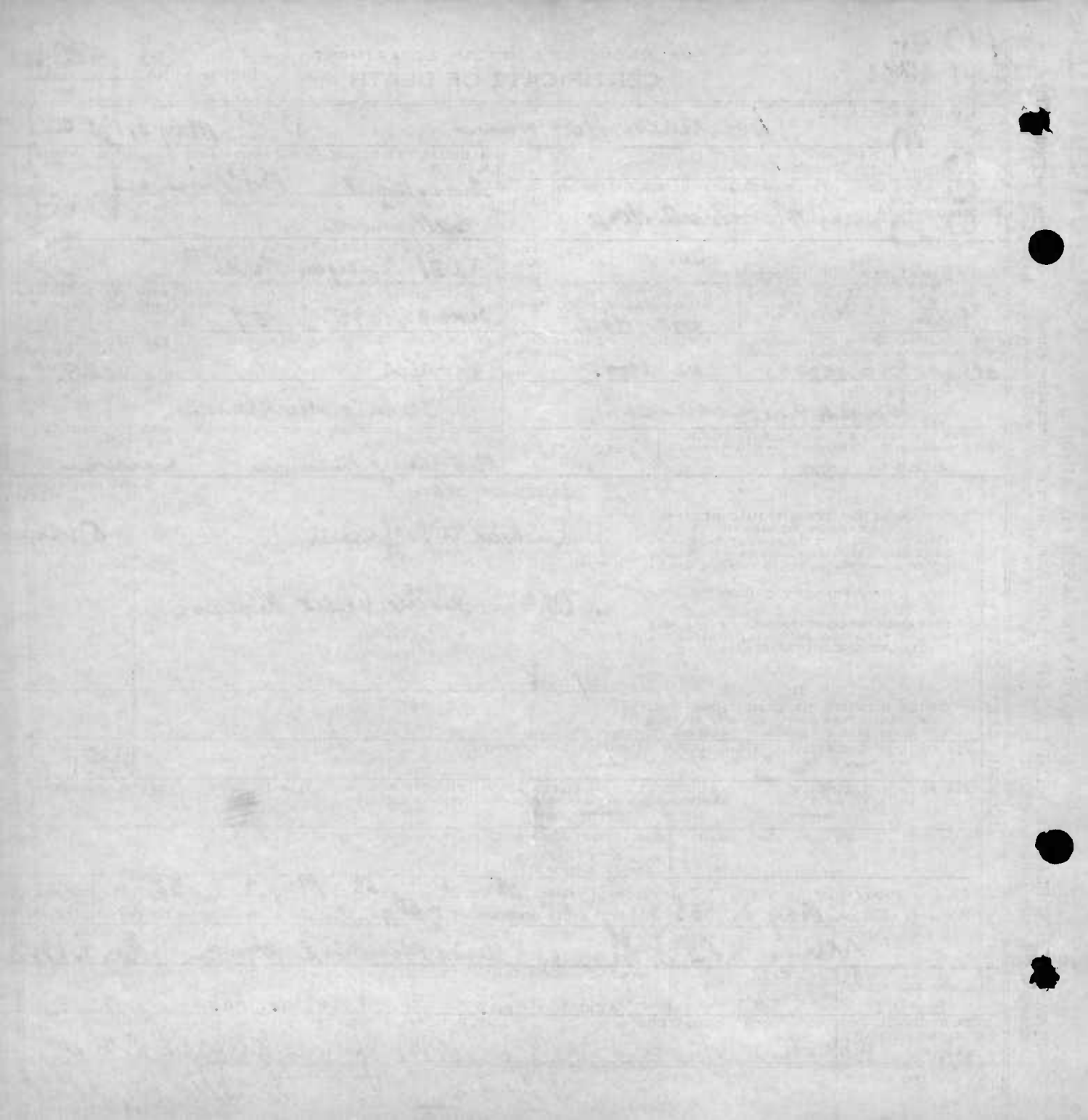
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Vickrey & SonsBalto 17, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4265

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Henderson, Miss Marie (May) W2. DATE
OF
DEATHMay 2 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore12-01

D. STREET ADDRESS (If rural, give location)

University Apts.

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

Dec-30-18829. AGE (in years
last birthday)70If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Stenographer10B. KIND OF BUSINESS OR
INDUSTRYfertilizer

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Joseph Henderson(M)

14. MOTHER'S MAIDEN NAME

Kate W. Bonday15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gertrude Walter - Home for Incapables18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebro-malacia
DUE TO arteriosclerosis (Generalized + cerebral)INTERVAL BETWEEN
ONSET AND DEATH2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardio Vascular
DUE TO Disease10 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Gingivitis + Pyorrhea4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13 1950 to 5/2 1952, that I last saw the
deceased alive on 5/2 1953, and that death occurred at 10:34 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Greffen Heraspey

M. D.

23B. ADDRESS

214 Medical Art Building

23C. DATE SIGNED

5/2/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

5-5-53

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

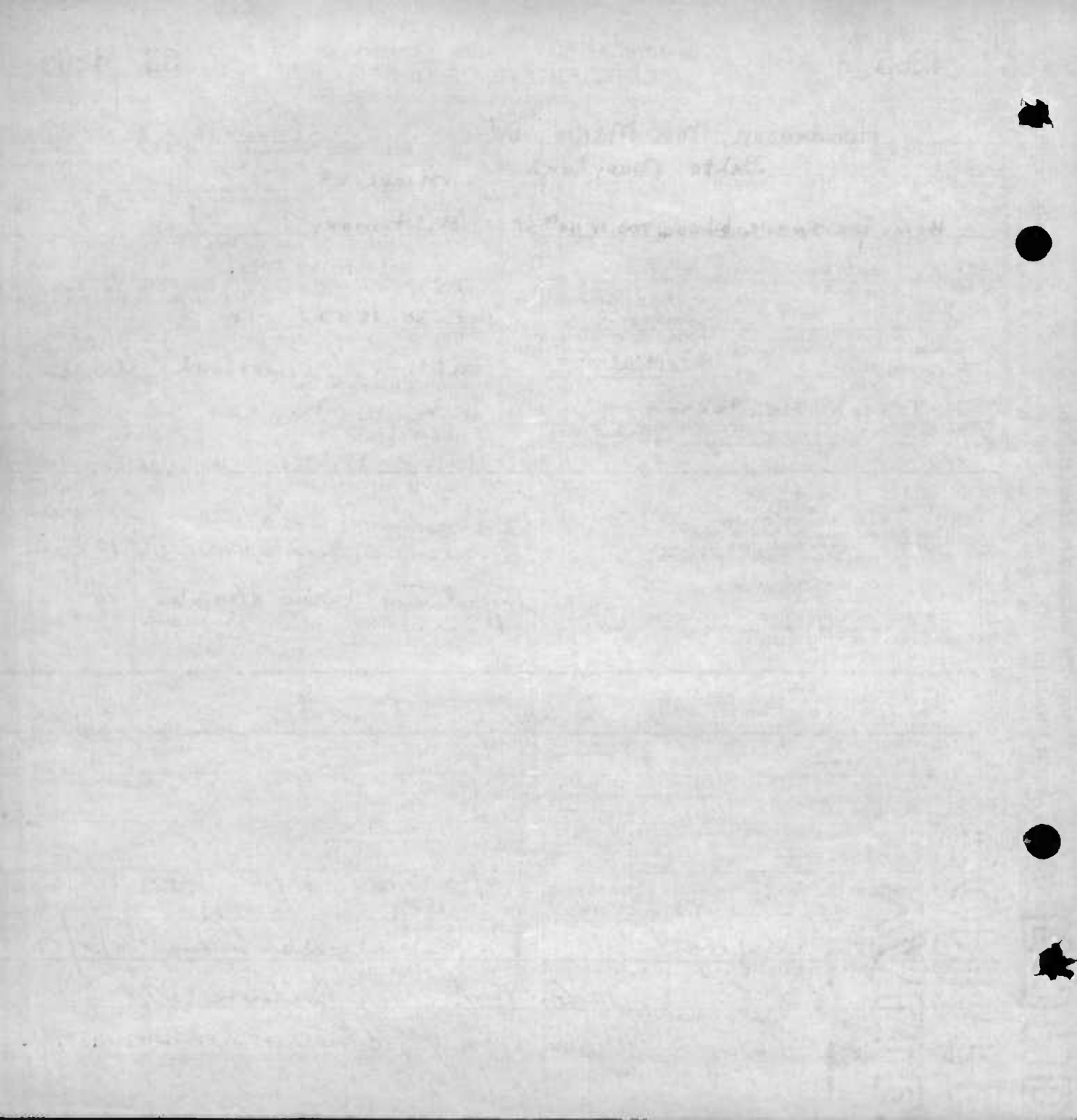
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 4 1953Huntington Williams, M.D. Wm. J. Tichner & Sons - Balto. 17, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 M-600
4266

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4266

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WILLIAM EDWARD MOORE		May 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
3906 Dorchester Rd.			Md.		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
			Baltimore		
D. STREET ADDRESS (If rural, give location)			3906 Dorchester Rd.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
male	white	widowed	Feb. 3, 1867	86	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Asst Sec. Rtd		Insurance	Mrs. Kenneth Moore - 3906 Dorchester Rd.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
William Moore			--		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT		
(If yes, give war or dates of service)			Mrs. Kenneth Moore - 3906 Dorchester Rd.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) Chronic myocarditis - 15 yrs -		
			(B) Arteriosclerosis - 20 yrs -		
			(C) Chronic Prostatitis - 5 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 28, 1942 to April 28, 1953, that I last saw the deceased alive on April 28, 1953, and that death occurred at 8:00 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
		3903 Garrison Blvd		May 4 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		5/5/53		Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Balto., Md.		J. Pickens & Sons		Balto. 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. ADDRESS	
MAY 4 1953		Huntington Williams, M.D.			

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Usual Residence		8. Cause of Death		9. Manner of Death	
10. Signature of Physician		11. Signature of Registrar		12. Signature of Coroner	
13. Signature of Medical Examiner		14. Signature of Burial Officer		15. Signature of Funeral Home	
16. Signature of Undertaker		17. Signature of Cemetery		18. Signature of Burial	
19. Signature of Interment		20. Signature of Burial		21. Signature of Burial	
22. Signature of Burial		23. Signature of Burial		24. Signature of Burial	
25. Signature of Burial		26. Signature of Burial		27. Signature of Burial	
28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial	
34. Signature of Burial		35. Signature of Burial		36. Signature of Burial	
37. Signature of Burial		38. Signature of Burial		39. Signature of Burial	
40. Signature of Burial		41. Signature of Burial		42. Signature of Burial	
43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial	
49. Signature of Burial		50. Signature of Burial		51. Signature of Burial	
52. Signature of Burial		53. Signature of Burial		54. Signature of Burial	
55. Signature of Burial		56. Signature of Burial		57. Signature of Burial	
58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial	
64. Signature of Burial		65. Signature of Burial		66. Signature of Burial	
67. Signature of Burial		68. Signature of Burial		69. Signature of Burial	
70. Signature of Burial		71. Signature of Burial		72. Signature of Burial	
73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial	
79. Signature of Burial		80. Signature of Burial		81. Signature of Burial	
82. Signature of Burial		83. Signature of Burial		84. Signature of Burial	
85. Signature of Burial		86. Signature of Burial		87. Signature of Burial	
88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial	
94. Signature of Burial		95. Signature of Burial		96. Signature of Burial	
97. Signature of Burial		98. Signature of Burial		99. Signature of Burial	
100. Signature of Burial		101. Signature of Burial		102. Signature of Burial	

THIS CERTIFICATE IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS, BALTIMORE CITY, MARYLAND, AND IN THE OFFICE OF THE CLERK OF THE BALTIMORE CITY COURT, BALTIMORE, MARYLAND.

RECEIVED BY REGISTRAR OF DEATHS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

Registered No. 53 4267

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ELMER C. ROYER		May 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2619 St. Paul St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2619 St. Paul St.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 26, 1885	9. AGE (In years, last birthday) 68	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropractor		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Royer		14. MOTHER'S MAIDEN NAME Elizabeth Geiman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Miss Anne M. Royer-2619 St. Paul St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CORONARY OCCLUSION DUE TO HYPERTENSION DUE TO ARTEROSCLEROSIS OF "ARTERIES"		INTERVAL BETWEEN ONSET AND DEATH -			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT:					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1, 1953 to May 2, 1953, that I last saw the deceased alive on May 2, 1953, and that death occurred at 11:20 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Robert Bell		23B. ADDRESS 2090 W. E. E. Rd.		23C. DATE SIGNED 5/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 5/5/53		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crem.	
24D. LOCATION (City, town, or county) Baltos. Md.		24E. FUNERAL DIRECTOR J. M. J. Vignier & Sons		24F. ADDRESS Baltos 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		VS 150 00885	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4268

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MRS. GLADYS W. BERGER

2. DATE
OF
DEATH

May 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

none

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1515 PENTRIDGE RD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1515 Pentridge Apartments

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

June 14, 1892

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm. Carson Wiley

14. MOTHER'S MAIDEN NAME

Carrie E. Hopkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William C. Norwood 5609 Liberty Heights Av

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Acute Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive CV disease

(C)

Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1952, to May, 1953, that I last saw the
deceased alive on Feb. 1953, and that death occurred at 1:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. Charles Langelutty

M. D.

23B. ADDRESS

715 W. Charles St.

23C. DATE SIGNED

May 3, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5 - 6 - 53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

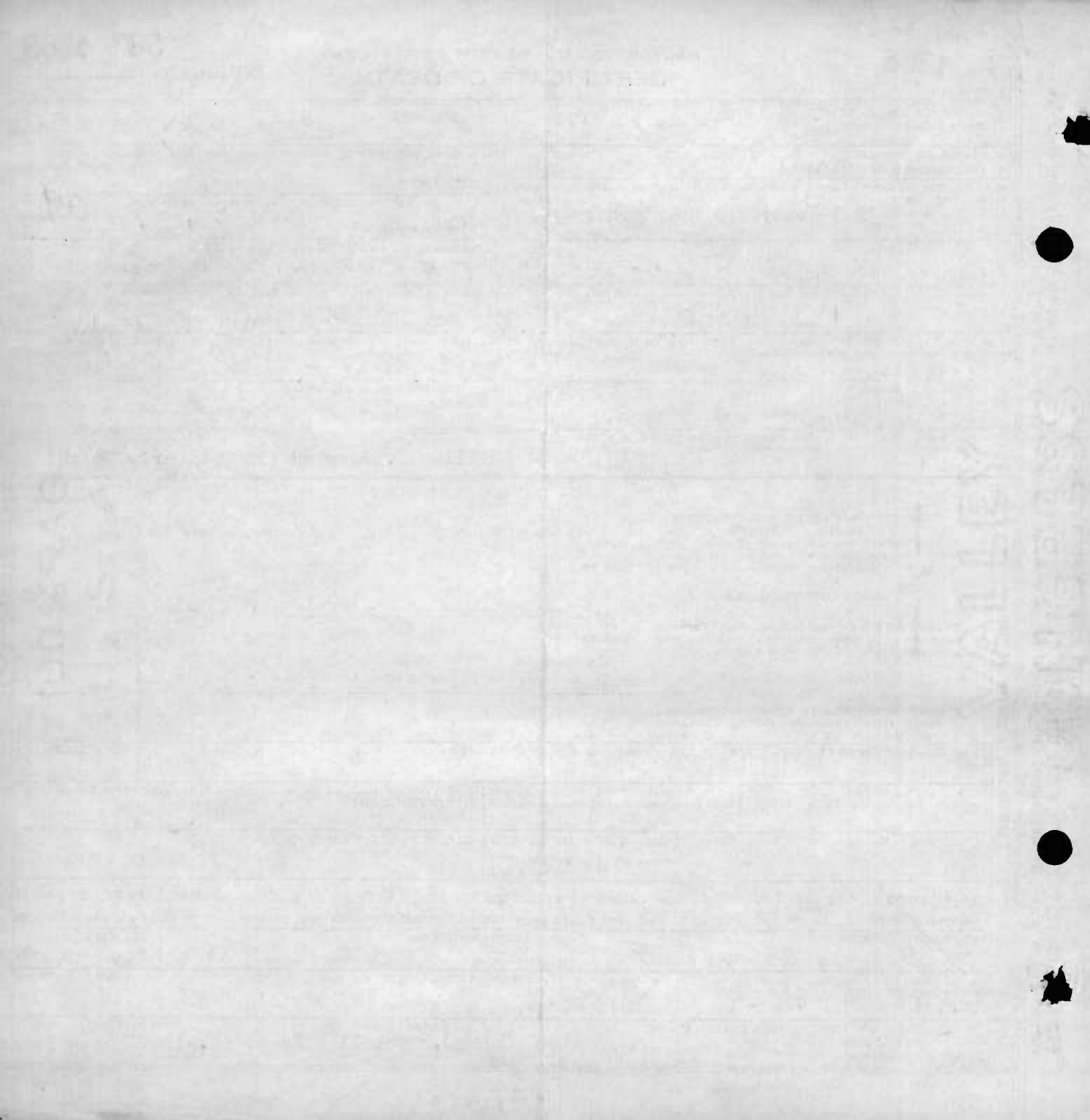
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place



525
53 4269BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4269
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roland Hanson Sr

2. DATE
OF
DEATH

5-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1623 Division St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

14-02

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1623 Division St

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

4-11-1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Master

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Denny Hanson

14. MOTHER'S MAIDEN NAME

Jessie James

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Ellen E. S. Hanson

ADDRESS

1623 Division

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Atherosclerotic Cardio

INTERVAL BETWEEN
ONSET AND DEATH

6 months

ANTECEDENT CAUSES

(B)

DUE TO

Vascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Dec. 1, 1952 to May 2, 1953 that I last saw the
deceased alive on , 19 , and that death occurred at 3:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Malphus Neill, M. D.

23B. ADDRESS

420 N. Green St

23C. DATE SIGNED

5/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-5-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cr

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Samuel W. Sullivan Jr

ADDRESS

2-2-23

Richard Thompson

1903

1823 Division St

1903

1823 Division St

4-11-1893

1903

1903

1903

1903

1903

1903

1903

James Thompson

James Thompson

James Thompson

1823 Division St

1903

1903

1903

1903

1823 Division St

1903

1903

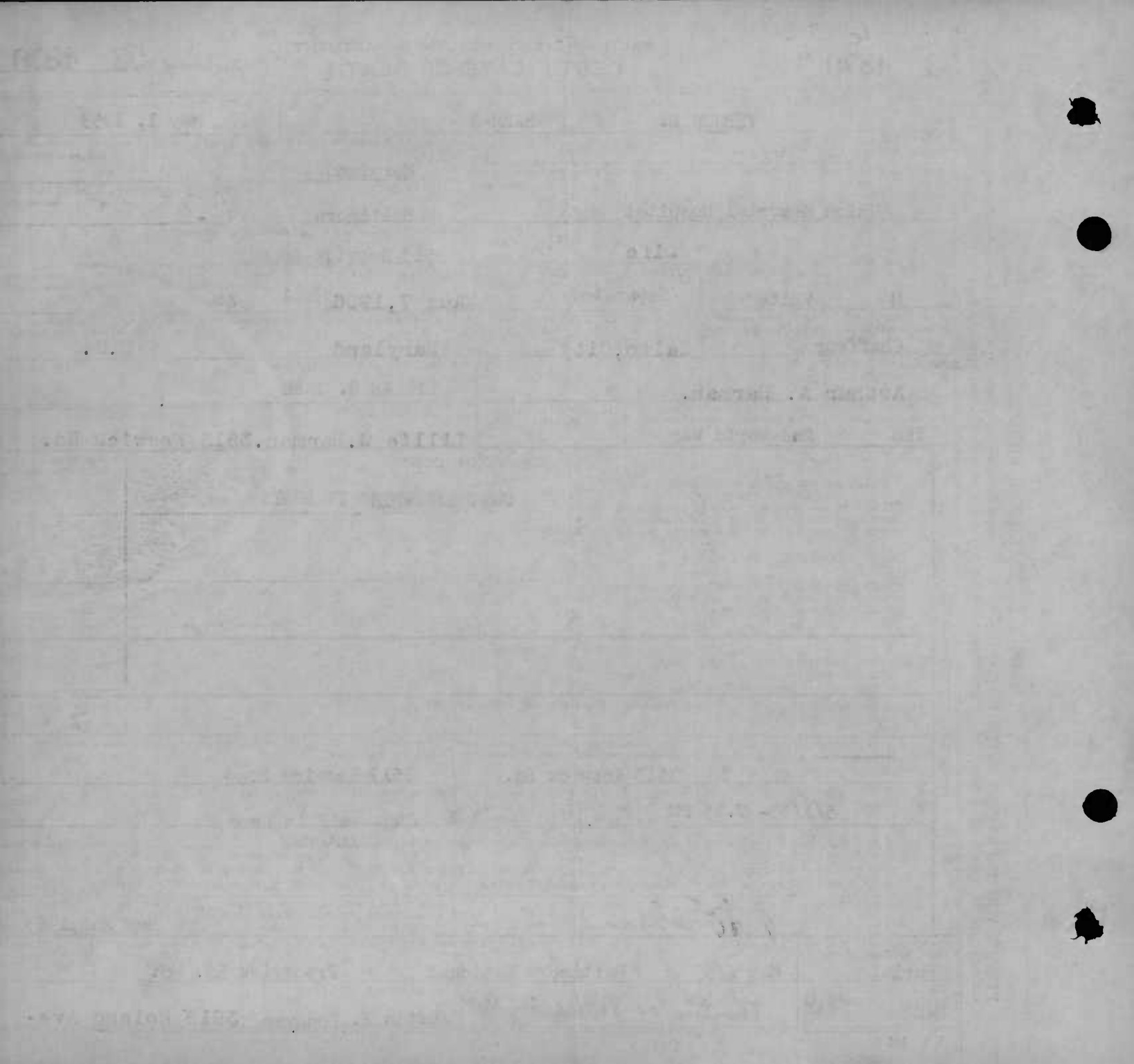
1903

James Thompson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4370	
1. NAME OF DECEASED (Type or Print) VERNON L. HARMAN				2. DATE OF DEATH May 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 13-06	
B. FULL NAME OF (not in hospital or institution, give street address or location) Union Memorial Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 3513 Keswick Road	
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Aug 7, 1906		9. AGE (in years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chaffeur		10B. KIND OF BUSINESS OR INDUSTRY Balto, City		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Arthur A. Harman.			14. MOTHER'S MAIDEN NAME LILLIE G. TASE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES 2nd World War			16. SOCIAL SECURITY NO.		
17. INFORMANT Lillie G. Harman.			ADDRESS 3513 Keswick Rd.		
18. E976X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) GUN SHOT WOUND IN BRAIN (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 3513 Keswick Rd.		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3513 Keswick Road	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/1/53- 7.15 PM		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Shot self in Head	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 2nd, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 4/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Frederick Rd. Md.		25. FUNERAL DIRECTOR Austin E. Donovan			
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 3818 Roland Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4271

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write LOCAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1953, to 4/29, 1953, that I last saw the deceased alive on 4/29, 1953, and that death occurred at 2:28 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS

IN RE: THE ESTATE OF J. M. BROWN, DECEASED

VS. THE STATE OF TEXAS

FILE NO. 100-100000

FILE NO. 100-100000

FILE NO. 100-100000

FILE NO. 100-100000

FILE NO. 100-100000

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FILE NO. 100-100000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53

4272

BIRTH NO. 53 4272 51-11754

1. NAME OF DECEASED
(Type or Print)

LORENZO

DAVIS

2. DATE
OF
DEATH

May 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHN'S HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

710 N. Gay Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

None

8. DATE OF BIRTH

May-23-1951

9. AGE (in years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

23

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ruffus

William

14. MOTHER'S MAIDEN NAME

Evelyn

Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Evelyn Davis 710 N. Gay St

18. E885.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute encephalopathy

DUE TO lead poisoning

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

710 N. Gay Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Approximately 6 months ago

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Ate plaster off broken wall

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ May 2, 1953
MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/6/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 4 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elmer O. Wilson

ADDRESS

Baltimore

VS 151

N 966X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4273BIRTH NO. 53 4273

1. NAME OF DECEASED (Type or Print) Herbert Rogers			2. DATE OF DEATH 5-2-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Maryland b. COUNTY 20-08		
b. FULL NAME OF HOSPITAL OR INSTITUTION Saint Agnes Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 12 S. Augusta Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-23-1895	9. AGE (in years last birthday) 57	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Man			10b. KIND OF BUSINESS OR INDUSTRY MEAT PACKING		
11. BIRTHPLACE (State or foreign country) MD.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME John			14. MOTHER'S MAIDEN NAME Mathilda Sedicun		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W. W. I		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 146. Thos Rogers - 12 S. Augusta Ave.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) Coron. Artery occlusion		
DUE TO (B) Arterioscl. Cardio Vasc Disease		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Arterioscl. Cardio Vasc Disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-6-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-2-1953 to 5-2-1953 that I last saw the deceased alive on 5-2-1953 and that death occurred at 6:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Harry P. Knapp		23B. ADDRESS Saint Agnes Hosp		23C. DATE SIGNED 5-2-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-6-53		24C. NAME OF CEMETERY OR CREMATORY Cathedral Ave.	
24D. LOCATION (City, town, or county) (State) Bald.		24E. LOCATION (City, town, or county) (State) Bald.		24F. LOCATION (City, town, or county) (State) Bald.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Stargis - Catonsville, Md.	

MINISTRY OF HEALTH
CENTRAL OFFICE OF HEALTH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4274

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Edmond Young2. DATE
OF
DEATHMay 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Ind.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)#1 Eager St. - E

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

0. STREET ADDRESS (If rural, give location)

1911 N. Monroe St.

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 7 19079. AGE (In years
last birthday)45If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Porter10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Elkhill Va.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lewis Young

14. MOTHER'S MAIDEN NAME

Frances Amine15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Richard Young 1714 N. Carle18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio Vascular Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15/52, 1952, to 6/2, 1953 that I last saw the
deceased alive on 6/2, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Reed P. Johnson

M. D.

23B. ADDRESS

8220 B m w

23C. DATE SIGNED

5/4/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 5, 53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

RemovalPemberton Va.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. F. H. G. Elliot & Dgt.

MAY 4 1953

VS 150

780 99 1129 N. Caroline St.

DECLARATION OF DEATH

DATE OF DEATH

3

1954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4275**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MR. LOUIS A. SCHMIDT**2. DATE
OF
DEATH**1 MAY 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2407 FOSTER AVE

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**S**

B. DATE OF BIRTH

7 AUG 18829. AGE (In years
last birthday)**70**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**TRUCK HELPER**10B. KIND OF BUSINESS OR
INDUSTRY**TRUCKING**

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

MR. CASPER SCHMIDT

14. MOTHER'S MAIDEN NAME

JOHANNA BORN15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**213-01-1245**

17. INFORMANT

ADDRESS

SISTER - MRS CONNOR 2407 FOSTER AVE1B. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **AGE**

DUE TO

(C) **CEREBRAL VASCULAR Accident****2 wk**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**None**

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)**None**21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)**None**21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)**None**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**None**

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

None22. I hereby certify that I attended the deceased from **20 APRIL, 1953**, to **1 MAY, 1953**, that I last saw the
deceased alive on **1 MAY, 1953**, and that death occurred at **3:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Charles P. Drury

M.D.

23B. ADDRESS

2722 E. Monument St

23C. DATE SIGNED

1 May 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5/5/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FEDERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO. 13, MD.**Henry T. Sander****MAY 4 1953****970 52**

WITNESSES
STATEMENT OF DEATH
CERTIFICATE OF DEATH

DATE

NAME OF DECEASED

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

TIME OF DEATH

TEMPERATURE

PULSE

BLOOD PRESSURE

WEIGHT

HEIGHT

HAIR

EYES

TEETH

SKIN

OTHER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4276
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MABEL MARY LOHREY			2. DATE OF DEATH Apr. 30, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4200 Loch Raven Blvd.			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4200 Loch Raven Blvd.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 17, 1898	9. AGE (In years last birthday) 54	10 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
10B. KIND OF BUSINESS OR INDUSTRY At Home			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John M. Langley			14. MOTHER'S MAIDEN NAME Jennie Gertrude McDonough		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 212-22-5444		
			17. INFORMANT 129 Stanmore Rd ADDRESS 12 Mr. Philip Lohrey		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 12 hours
DUE TO (A) Coronary Occlusion		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Essential Hypertension		5 yrs.
DUE TO (B) Essential Hypertension		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/4/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1 , 19 53 , to 4-30 , 19 53 ; that I last saw the deceased alive on 4-29 , 19 53 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 11 E. Chase St		23C. DATE SIGNED 5-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/4/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1953		REGISTRAR'S SIGNATURE Thurston Williams		25. FUNERAL DIRECTOR BENNY SANDER & SONS, INC. ADDRESS BALTO., MD.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William J. Johnson

2. DATE
OF
DEATH

5.7.53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1454 Covington

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

MD.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1454 Covington St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

7.31.1874

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Supv. of Election

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas

14. MOTHER'S MAIDEN NAME

Mary Jane Hyson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 153X

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocarditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from April 10, 1953 to 5/2, 1953, that I last saw the deceased alive on 5/1, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Philip A. Schenck

M. D.

23B. ADDRESS

1337 S. Charles St.

23C. DATE SIGNED

5/4/53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

B.

24B. DATE

5.5.53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James L. Schenck

ADDRESS

130 E. Fort Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-324

53

4278

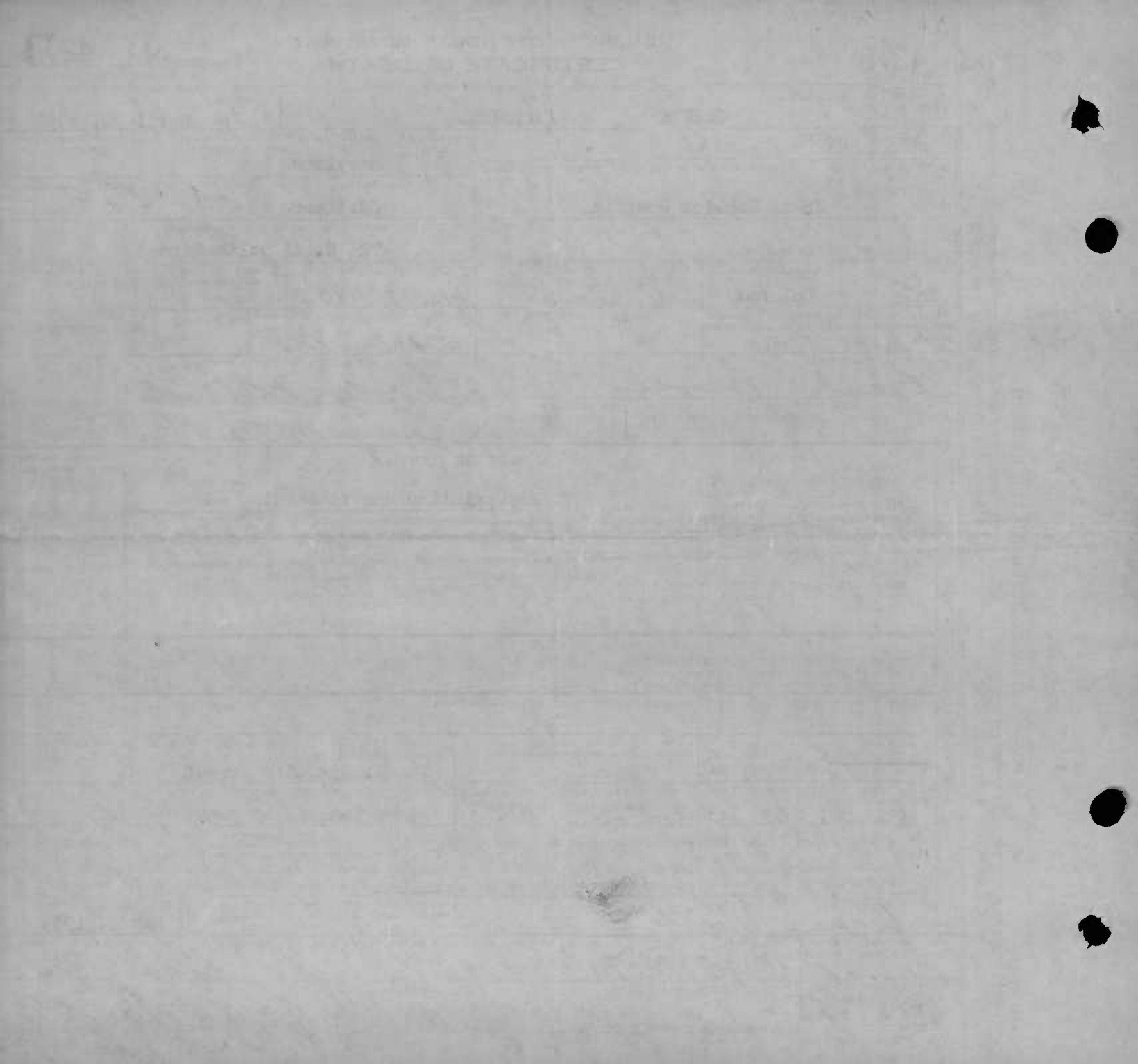
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

4278

1. NAME OF DECEASED (Type or Print)		ROBERT MITCHELL		2. DATE OF DEATH April 30, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore			
b. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		c. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 724 N. Aisquith Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 17 1942	9. AGE (in years last birthday) 11	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balt. Md.	
13. FATHER'S NAME Frank Moore		14. MOTHER'S MAIDEN NAME Gladys Mitchell		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Gladys Mitchell	
18. CAUSE OF DEATH					
18. E925.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Asphyxiation due to hanging (A) DUE TO					
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 724 N. Aisquith Street 10/2	
21d. TIME (Month) (Day) (Year) (Hour) April 30, 1953 3:30 P. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Found hanging by rope	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE William Wood		23b. CHIEF MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23c. DATE SIGNED May 1, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS Mrs. G. E. Ellert & Daughter 1129 N. Caroline St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-346
53 4279BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-4279

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA

BUTLER

2. DATE
OF DEATH May 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (not in hospital or institution, give street address or
location)

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

310 N. Mount Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

April 6, 1892

9. AGE (in years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Centerville Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Starlin

14. MOTHER'S MAIDEN NAME

Alice Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Hancock

18. 420.0 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ARTERIOSCLEROTIC HEART
DUE TO DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
May 3, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 6/53

Mt. Calvary

A. A. County Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

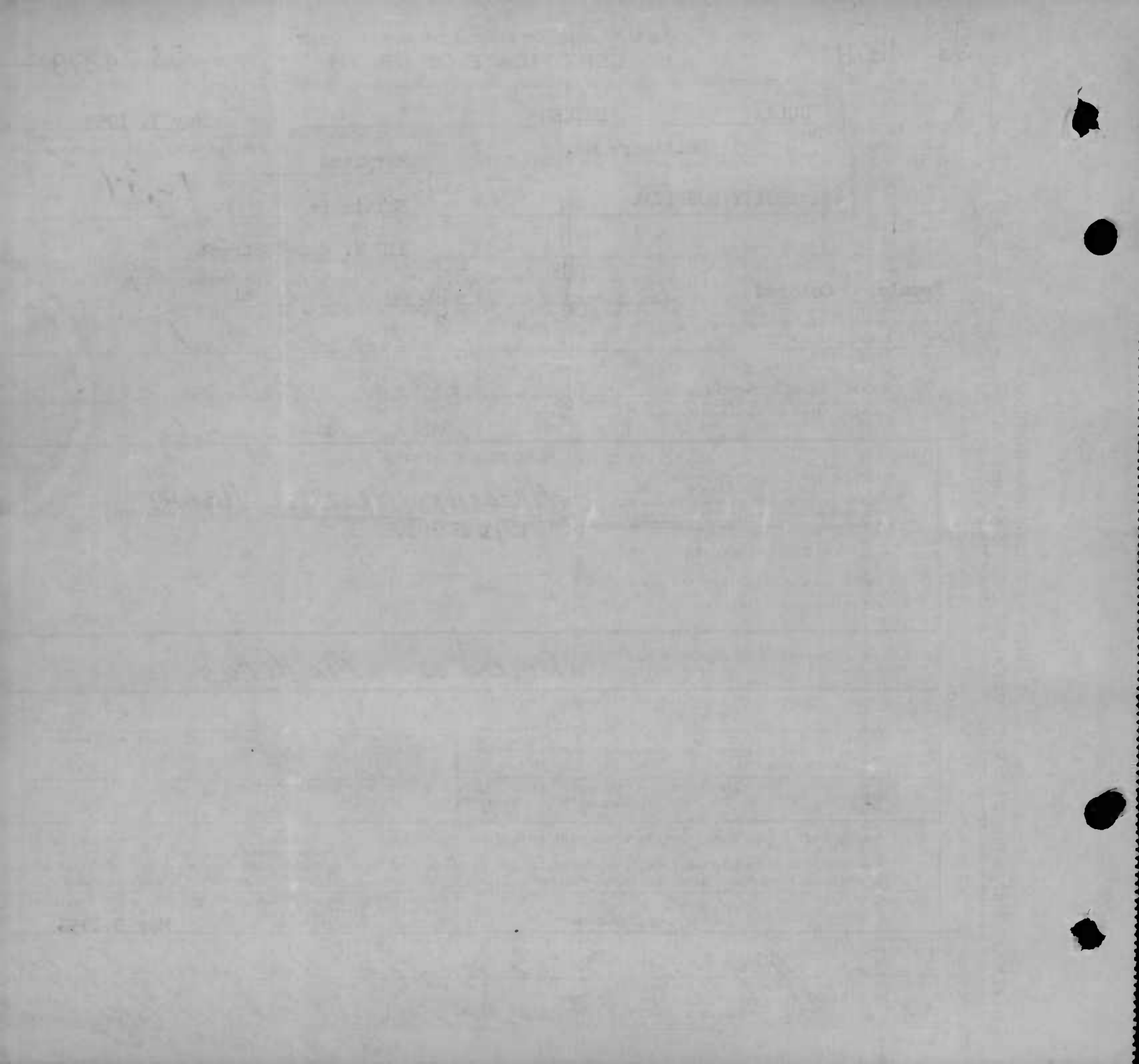
May 4 1953

Huntington Williams

Mrs. Robert G. Elliott

1129 N. Calver St.

VS 151



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4280BIRTH NO. 53 42801. NAME OF DECEASED
(Type or Print)JAMES A. STREETT2. DATE
OF
DEATHMay 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION1527 Ralworth Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1527 Ralworth Road

c. Length of stay in Baltimore

5 yearsYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widower

8. DATE OF BIRTH

Dec. 25, 18699. AGE (In years
last birthday)83If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Clerk10B. KIND OF BUSINESS OR
INDUSTRYWater Dep't, (CITY)

11. BIRTHPLACE (State or foreign country)

Harford County, Md.12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

John Thomas Streett

14. MOTHER'S MAIDEN NAME

Mary Margaret Bay15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)no16. SOCIAL
SECURITY NO.none17. INFORMANT 1527 Ralworth Road
Mr. Thomas Streett18. 422.1DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH3 yrs.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Aug 1, 1952, to May 2, 1953, that I last saw the
deceased alive on May 1, 1953 and that death occurred at 5 AM, from the causes and on the date stated above.

23A. SIGNATURE

John T. Streett

M. D.

23B. ADDRESS

2700 Harford Rd

23C. DATE SIGNED

May 4 5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)burial

24B. DATE

5/4/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.Geny F. Sander

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4281
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dorothy B. Holden

2. DATE
OF
DEATH

May 2/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

823 Glen Allen Drive

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

823 Glen Allen Drive

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

MARRIED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 4, 1903

9. AGE (In years

last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Spencer Boyer

14. MOTHER'S MAIDEN NAME

Ann Wernig

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Urban S. Holden, 823 Glen Allen Drive

18.

231X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Sudden hypertension

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953, to Oct of death, 1953, that I last saw the deceased alive on April 14, 1953, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Wall B. Buck

23B. ADDRESS

M. D.

18 E. Egan St.

23C. DATE SIGNED

May 4, 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 5/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

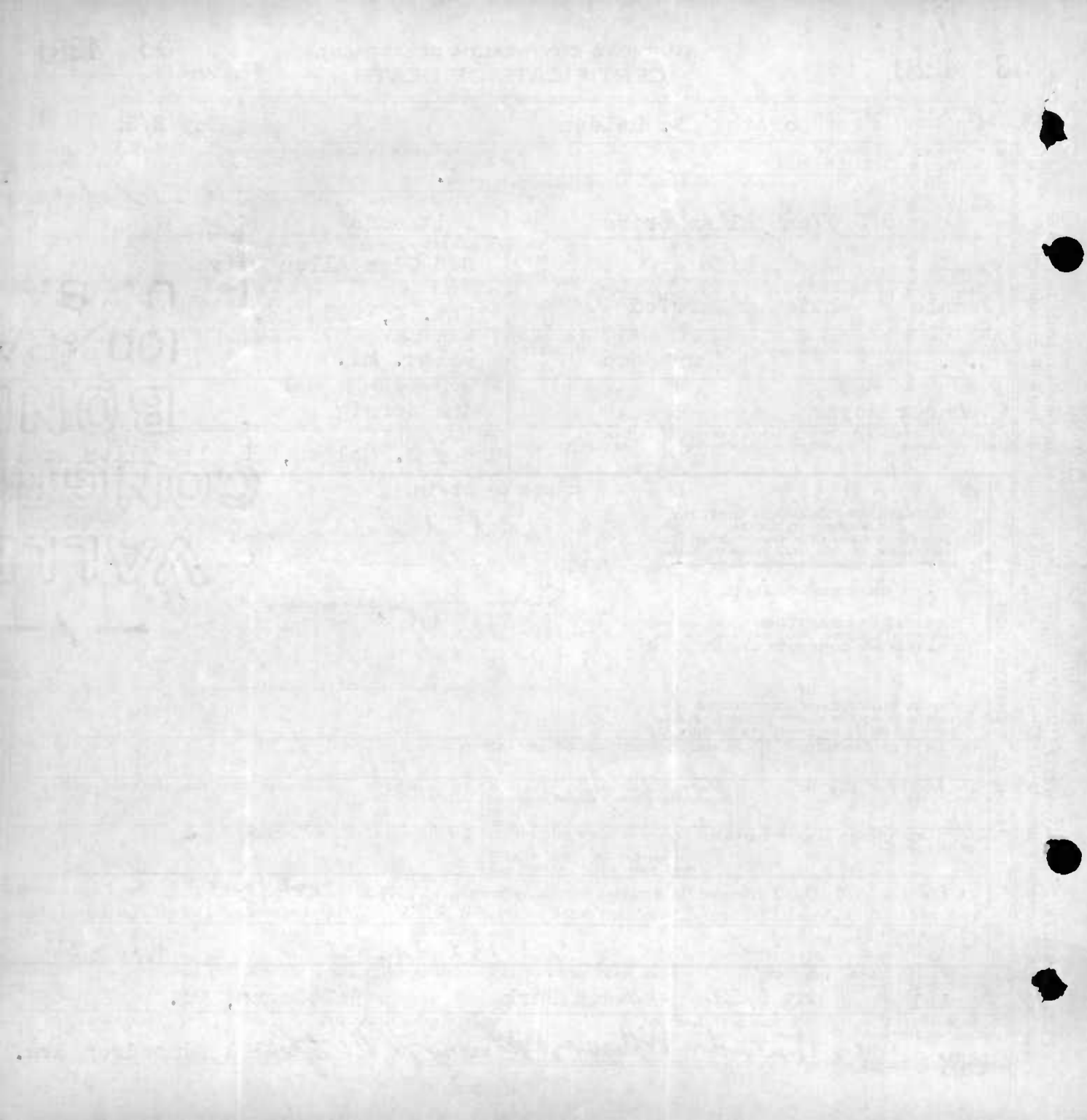
Harry F. Witzke

ADDRESS

101 Edmondson Ave.

MAY 4 1953

VS 150



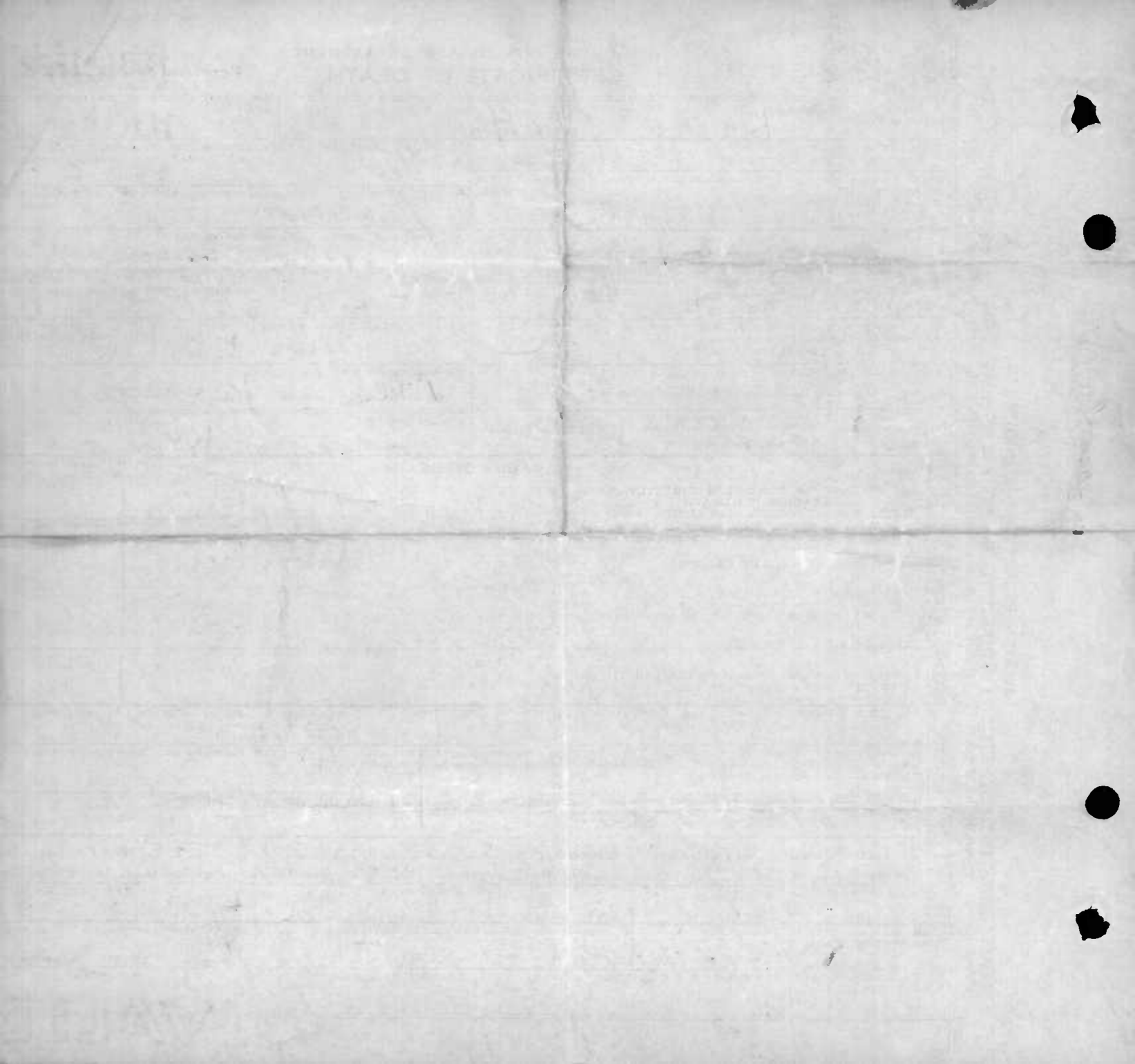
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Registered No. 53 4282

BIRTH NO.		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Kornegay, Alton		5-3-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
38 Univ. Hospital		Md.	
C. Length of stay in Baltimore		B. COUNTY	
7 Yrs		Baltimore	
5. SEX		D. STREET ADDRESS (If rural, give location)	
M		1331 Devonian St	
6. COLOR OR RACE		8. DATE OF BIRTH	
Negro		mt Olive	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
		3-0	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Labor		mt Olive NC	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY	
		US	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Kornegay		Lillia Lee Kornegay	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
Yes		17. INFORMANT ADDRESS	
War # 2		Lillia Lee Kornegay	
18. 445X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) malignant hypertension	
ANTECEDENT CAUSES		DUE TO cardiac failure.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	
DUE TO		(C)	
II		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
0			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-3, 1953, to 5-3, 1953, that I last saw the deceased alive on 5-3, 1953, and that death occurred at 9:10 A.M., from the causes and on the date stated above			
23A. SIGNATURE		23B. ADDRESS	
W. L. Heimer M. D.		University Hospital	
23C. DATE SIGNED		5-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
May 8th 53		mt Olive Cemetery N. C.	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
REGISTERAR'S SIGNATURE		Elmer Wilson	
VS 150		97099 1000 Brantley E.	

VS 150

970.99 / 1000 Brantley &



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 A 450
1283BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

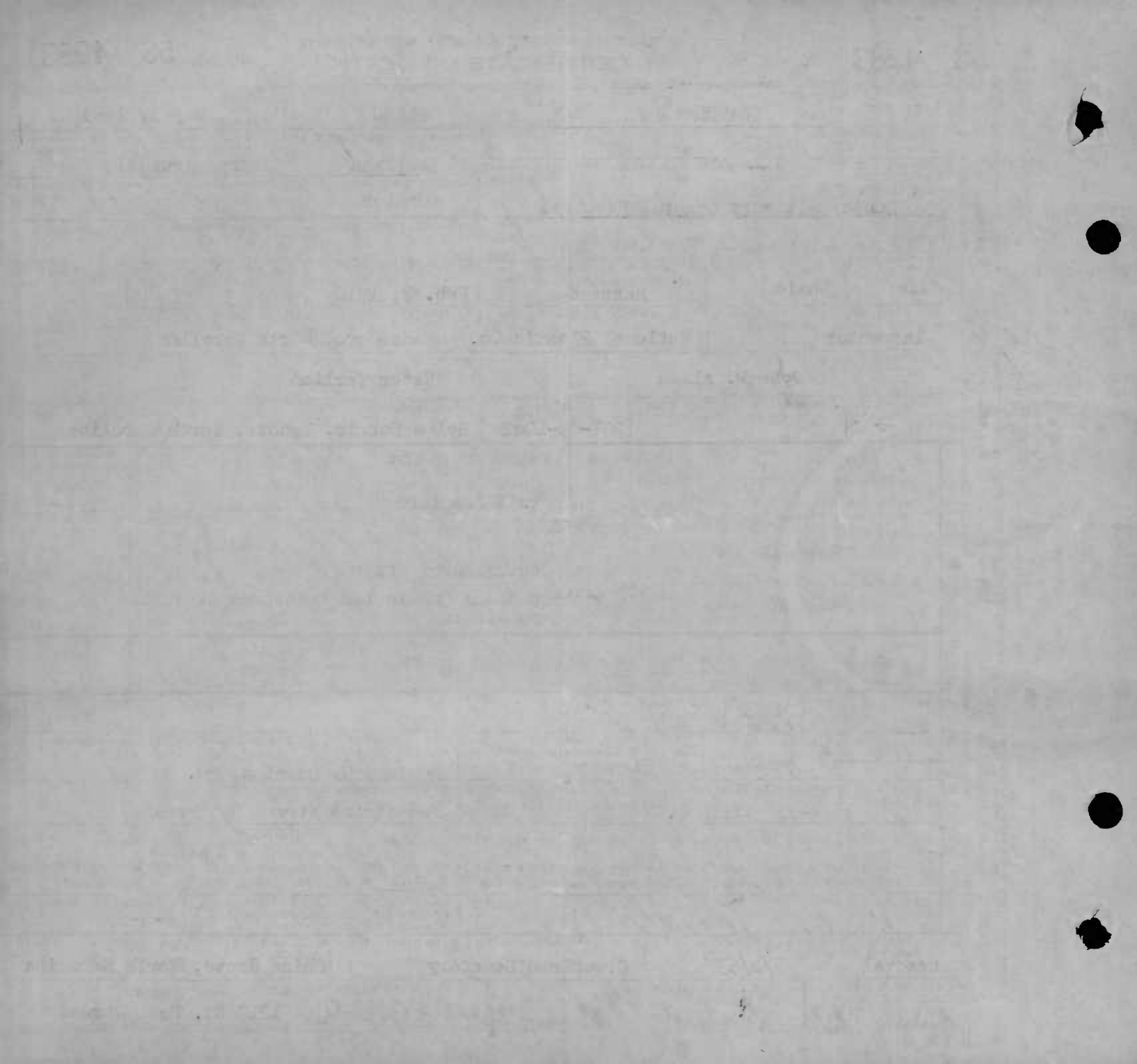
Registered No. 53 4283

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CLAUDE RAY ALLEN		May 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		A. STATE B. COUNTY Maryland Anne Arundel			
C. Length of stay in Baltimore Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Odenton			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10B. KIND OF BUSINESS OR INDUSTRY National Plastic Co.		8. DATE OF BIRTH Feb. 7, 1910	
13. FATHER'S NAME John W. Allen		9. AGE (in years last birthday) 43			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 207-03-1002		11. BIRTHPLACE (State or foreign country) Wadesboro, North Carolina	
		12. CITIZEN OF WHAT COUNTRY?			
		14. MOTHER'S MAIDEN NAME Ester Tarlton			
		17. INFORMANT ADDRESS Helen Burris, Landis, North Carolina			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) Skull Fracture X X X X X ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Contusion of Brain X X X X X Compound Comminuted Fractures of Tibia and Fibula II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 170, Odenton, Md. 5200	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-2-53 11:14 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by truck	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Smith		23B. CHIEF MEDICAL EXAMINER M.D.		23C. DATE SIGNED 5-4-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 5/4/53		24C. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
24D. LOCATION (City, town, or county) (State) China Grove, North Carolina		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D. & M. Cook, Inc., 1217 St. Paul Street			

VS 151

N 804.2

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

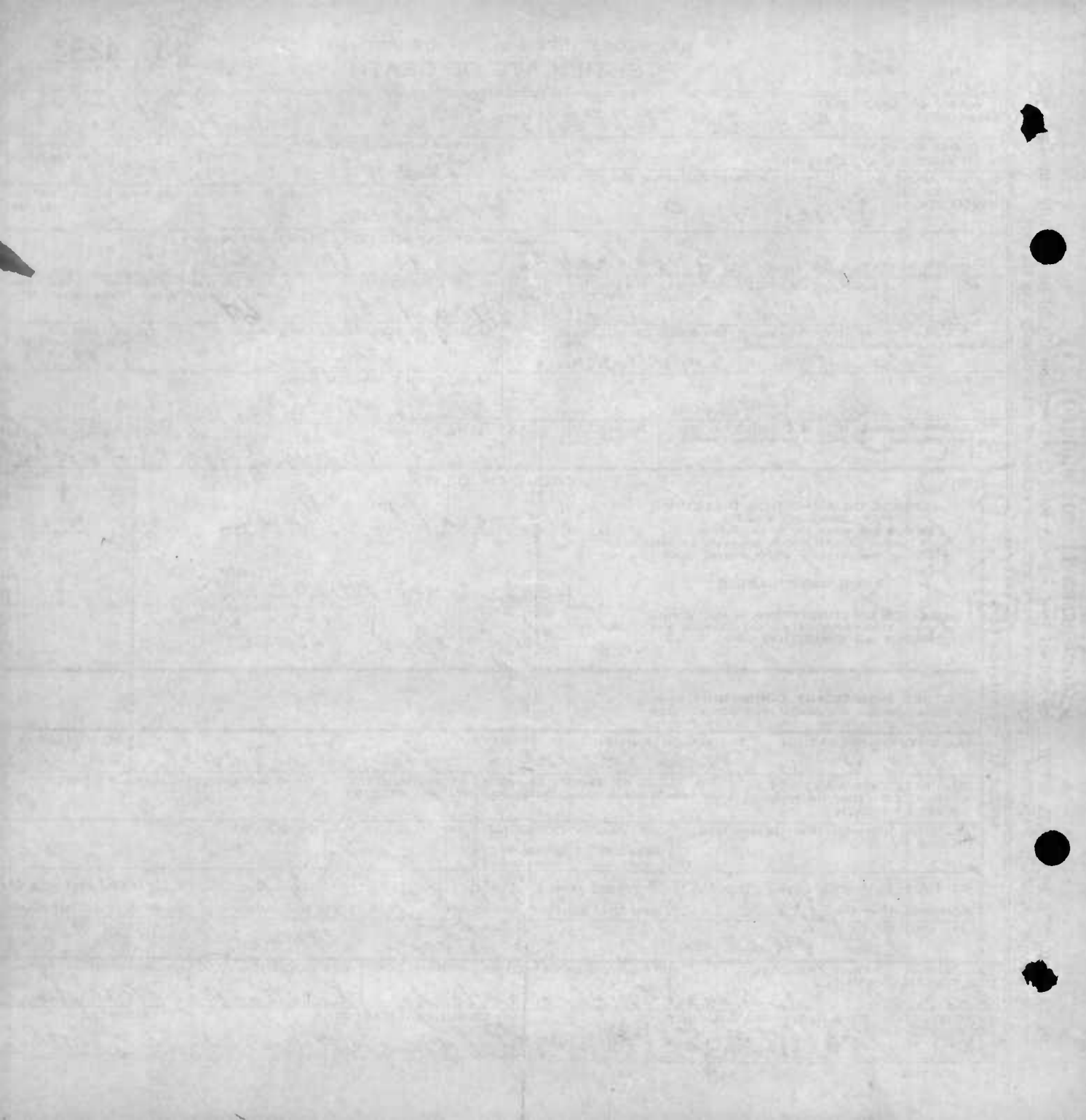
Registered No. **53 4284**

53 4284
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY D. SHPRITZ		2. DATE OF DEATH 5/4/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Balt	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSP		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-02	
C. Length of stay in Baltimore 65 years		D. STREET ADDRESS (If rural, give location) 1010 St. Paul St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) D-W	8. DATE OF BIRTH May 1886
9. AGE (in years last birthday) 67		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Rubin Katzen		14. MOTHER'S MAIDEN NAME Gertrude Leoni	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Libby Springs Mc		18. Dr. Manuel Shpritz-10708 Amherst Ave.	

18. 570.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Irreversible shock		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized peritonitis - Perforated bowel		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/3/53		19B. MAJOR FINDINGS OF OPERATION Fecal impaction - perforation of bowel		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5/3 to 5/4 , 19 53 that I last saw the deceased alive on 5/4 , 19 53 and that death occurred at 2:30 a.m. , from the causes and on the date stated above.				
23A. SIGNATURE Dr. Manuel		23B. ADDRESS Sinai Hosp.		23C. DATE SIGNED 5/4/53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE May 5, 1953	24C. NAME OF CEMETERY OR CREMATORY Micro Kodesh	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE MAY 5 1953		25. FUNERAL DIRECTOR ADDRESS Huntington Hall, 1124-26 N. North St.		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4285

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Francis M. Foy

2. DATE
OF
DEATH

May 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY, before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

635 No. Bond Rd. 5355

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

May 16, 1889

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Francis Thos. Foy (D)

14. MOTHER'S MAIDEN NAME

Ella V. Munk (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

317-07-0629

17. INFORMANT ADDRESS

George B. Foy 4941 Westhills Road

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

with generalized metastases

(B)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardio-vascular disease

19A. DATE OF OPERATION

April 29, 1953

19B. MAJOR FINDINGS OF OPERATION

Ca of colon

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1953, to May 3, 1953 that I last saw the
deceased alive on May 3, 1953, and that death occurred at 10:25 pm., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Caraway

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5-3-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 7-1953

24C. NAME OF CEMETERY OR CREMATORY

Londondown Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John P. Gysel 5311 Edmonds Ave

ADDRESS

MAY 5 1953

310 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

11. Name of Deceased

12. Date of Death

13. Place of Death

14. Cause of Death

15. Name of Physician

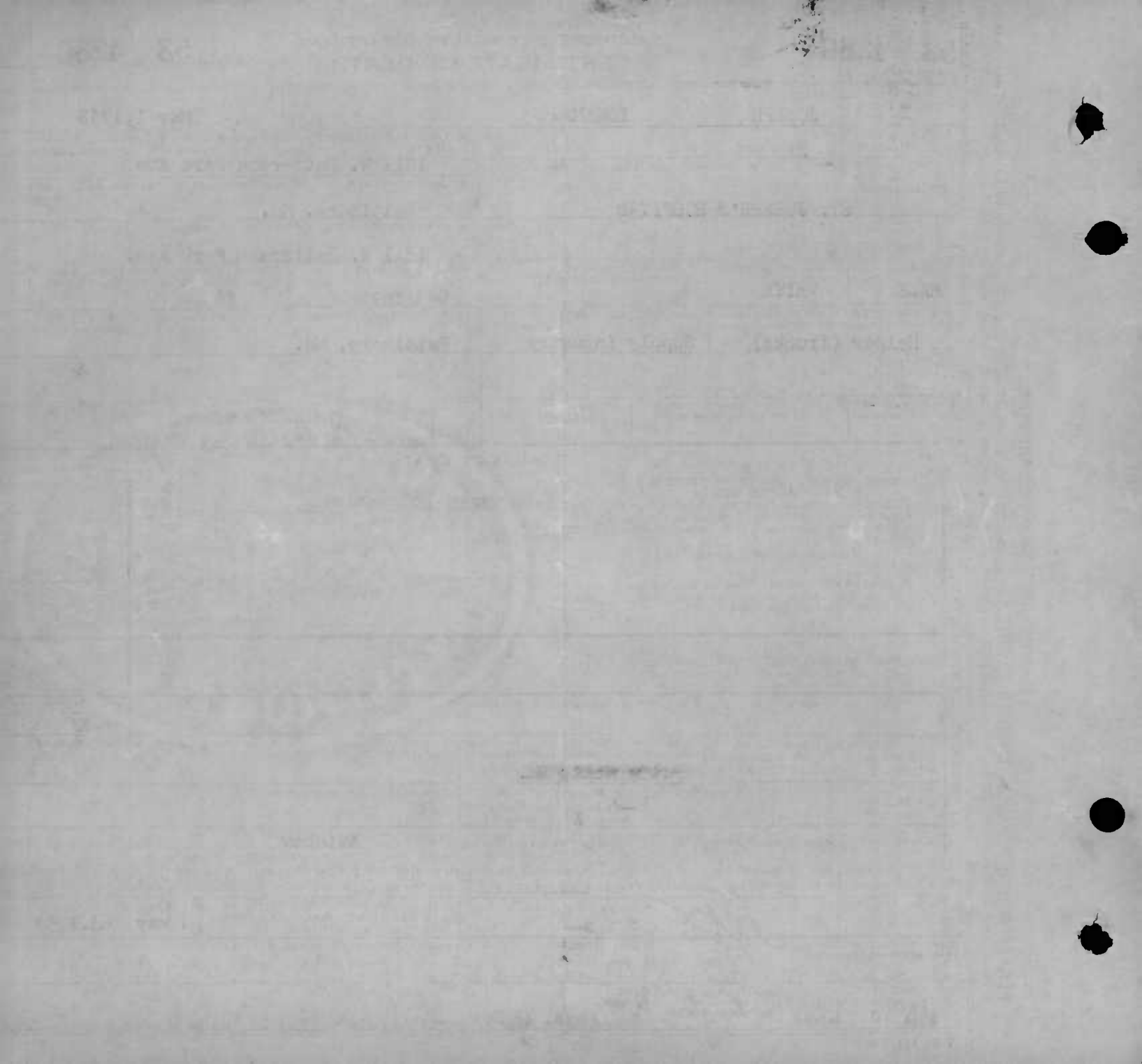
16. Name of Registrar

17. Name of Informant

18. Name of Coroner

19. Name of Jury

20. Name of Judge



ARTHUR WAITRUS

BALTIMORE CITY HEALTH DEPARTMENT

53 4287

Registered No. _____

53 4287

BIRTH NO. _____

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) <u>Arthur Waitrus</u>			2. DATE OF DEATH <u>5-1-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>22-01</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>San-Wil-Ba General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>		
C. Length of stay in Baltimore <u>40 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>115 Welcome Alley</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>3-12-81</u>	9. AGE (in years last birthday) <u>72</u>	If Under 1 Year: Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Bob Thomas</u>			14. MOTHER'S MAIDEN NAME <u>Essie Waitrus</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Elizabeth Telly 21016 Goldsboro</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>21016 Goldsboro</u>		

18. <u>334X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Hemiplegia, left</u>	INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE TO	
		CAUSE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 31, 1953</u> , to <u>May 1, 1953</u> , that I last saw the deceased alive on <u>April 22, 1953</u> , and that death occurred at <u>11:25 a.m.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>Dr. Johnson</u>		23B. ADDRESS <u>403 Med Arts Bldg</u>		23C. DATE SIGNED <u>5-1-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5/6/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St. John</u>	
24D. LOCATION (City, town, or county) <u>Baltimore Md</u>		24E. LOCATION (City, town, or county) <u>Baltimore Md</u>		24F. LOCATION (City, town, or county) <u>Baltimore Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 5 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Harrison, MD</u>		25. FUNERAL DIRECTOR <u>Charles A. Rice</u>	
25. FUNERAL DIRECTOR ADDRESS <u>6614 W. Base</u>					

Form 28

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

1911

Form 28

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Form 28

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

1911

53 4288

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 4288

1. NAME OF DECEASED
(Type or Print)

EMMA Bentley Smith

2. DATE
OF
DEATH

MAY 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

426 N. Mount Street

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give
township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

426 N. Mount Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Sept. 12, 1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months Days Hours Min.

7 18

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas J. Jackson

14. MOTHER'S MAIDEN NAME

MARY E. Camphor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Joseph Bentley

ADDRESS

426 N. Mount Street

18. 42011

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Several Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease

DUE TO

Unknown

(C) CARDIAC Decompensation

DUE TO

Several Wks.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 10, 1953, to MAY 1, 1953, that I last saw the
deceased alive on MAY 1, 1953, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Hunt

23B. ADDRESS

M. D. 1631 W. Franklin St.

23C. DATE SIGNED

5-4-53

24A. BURIAL, CREMA-
TION: REMOVAL (Specify)

24B. DATE

5/6/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

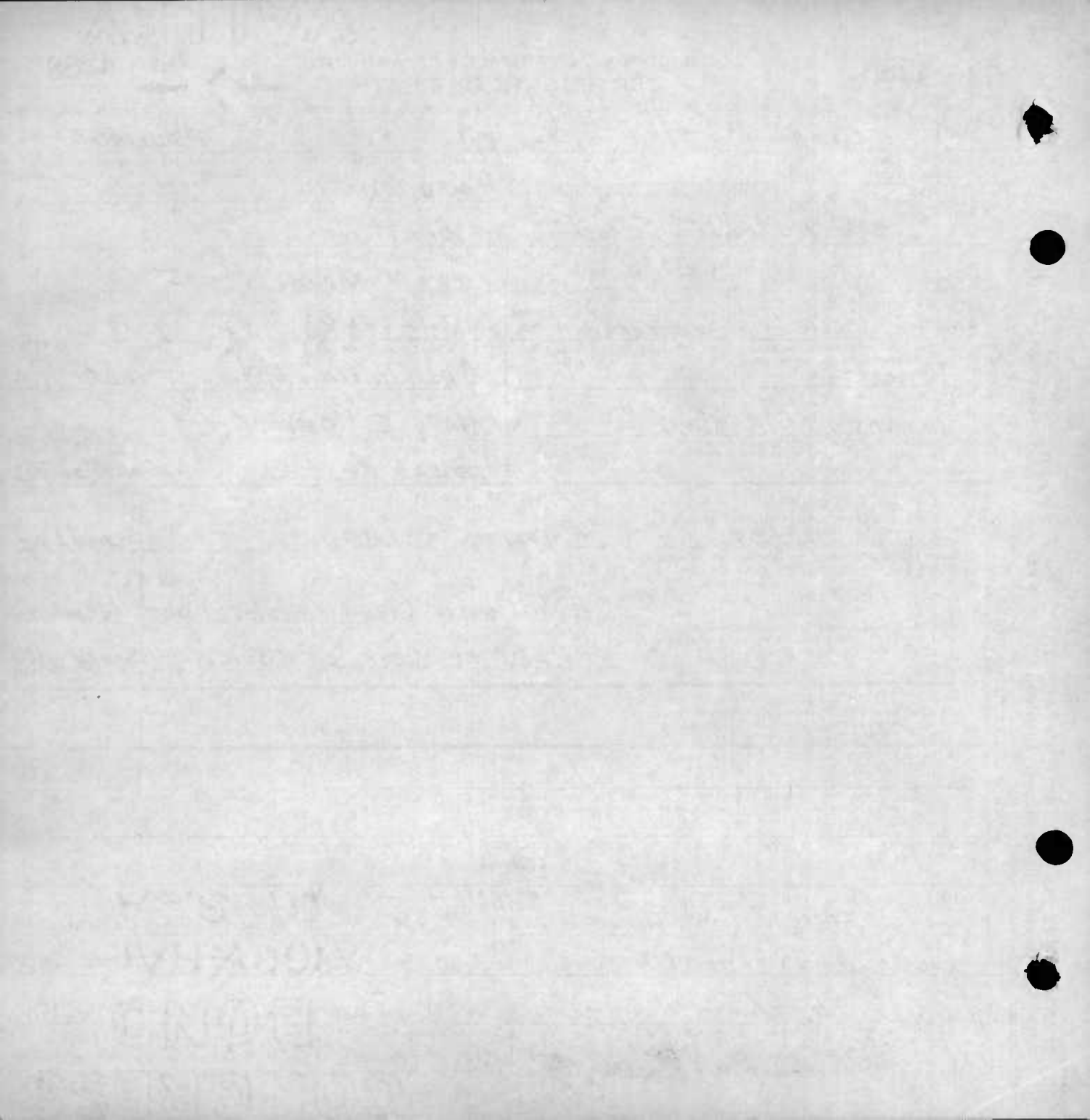
Huntington

25. FUNERAL DIRECTOR

Charles A. Rice-661 W. Borne

ADDRESS

ST



53 4289

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4289
Registered No.

1. NAME OF DECEASED (Type or Print) John Lang			2. DATE OF DEATH 5-2-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 5523 Ashbourne Rd. 5300		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-12-1896	9. AGE (In years last birthday) 57	10. Under 1 Year Months _____ Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10B. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adam Lang			14. MOTHER'S MAIDEN NAME Catherine Young		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mary Lang 5523 Ashbourne Rd.		
18. 581.0 and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bleeding Esophageal Varices DUE TO ANTECEDENT CAUSES Cirrhosis, Portal, Liver DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 5/6/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-29 , 19 53 to 5-2 , 19 53 that I last saw the deceased alive on 5-2 , 19 53 , and that death occurred at 5:50 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Harold L. Knispel		23B. ADDRESS St. Agnes Hosp		23C. DATE SIGNED 5-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/6/53	24C. NAME OF CEMETERY OR CREMATORY Holy Cross		24D. LOCATION (City, town, or county) (State) A.A. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR ADDRESS Wm. C. K. Inc. 1217 St. Paul St.	

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UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 4290**

53 4290
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ozella W. Byrd			2. DATE OF DEATH May 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 12-04		
B. FULL NAME OF HOSPITAL OR INSTITUTION 403 E. 24th Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 12 Mos. 04 Days 04			D. STREET ADDRESS (If rural, give location) 403 E. 24th Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 1, 1889	9. AGE (in years last birthday) 64	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U. S. A		
13. FATHER'S NAME Daniel Wilson			14. MOTHER'S MAIDEN NAME Eliza Harding		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. John H. Byrd			ADDRESS 403 E 24th Street		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	2 yrs.
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr 1 , 19 51 , to May 2 , 19 53 , that I last saw the deceased alive on 5-7 , 19 53 , and that death occurred at 3:40 PM , from the causes and on the date stated above.					
23A. SIGNATURE Lucas A. Johnson		23B. ADDRESS 301-E. 22nd St.		23C. DATE SIGNED May 4, 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-5-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem	
24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Md.		24E. FUNERAL DIRECTOR Mr. Francis A. Heasley		24F. ADDRESS 578 W. Biddle St.	

DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington Harrison, M.D.		25. FUNERAL DIRECTOR Mr. Francis A. Heasley	
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53 4291

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4291

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie M. Goetze

2. DATE
OF
DEATH

May 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

10 - West Read ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

10 - West Read Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 1

11-02

D. STREET ADDRESS (If rural, give location)

10 - West Read Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 1, 1882

9. AGE (In years
last birthday)

71

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home - hers

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Malignancy of lungs
Cancer of lungs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953 to May 2, 1953, that I last saw the
deceased alive on May 2, 1953 and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 5, 1953

Moreland Memorial Park

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 1953

Huntington Williams, M.D.

Earl B. Wolverton Funeral Home, Inc

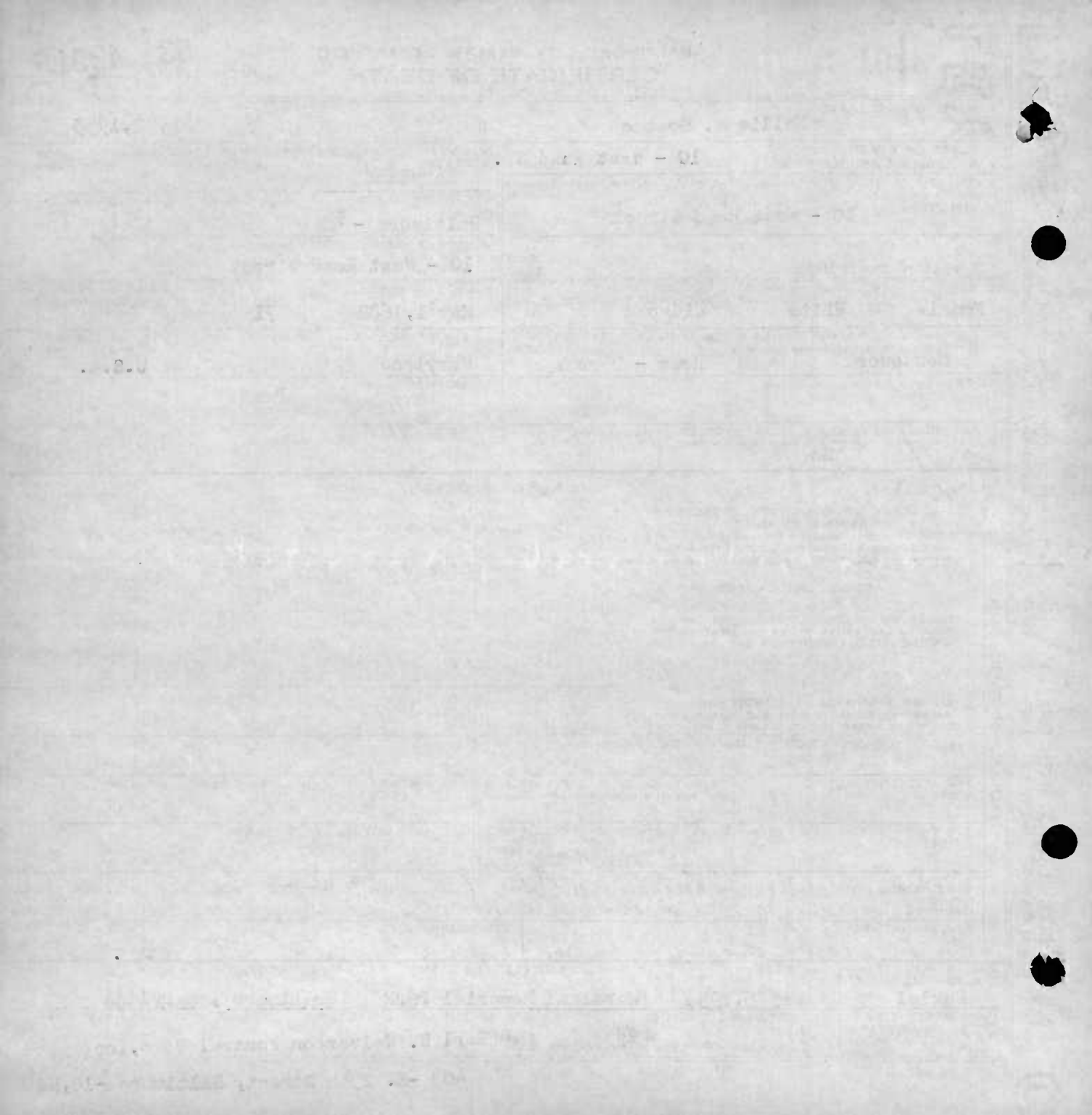
VS 150

403 -E. 25th Street, Baltimore -18, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

53 4292
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4292
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Sarah C. Carroll</i>			2. DATE OF DEATH <i>May 1, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>620 W. Lexington</i>			4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) STATE <i>Maryland</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>md. Baptist Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-02</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1620 St. Lexington St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 12, 1865</i>	9. AGE (In years, last birthday) Months Days Hours Min. <i>87</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Rochester Co. Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>William Coleman</i>			14. MOTHER'S MAIDEN NAME <i>Seklia ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mr. George Satterthwaite</i>		
18. <i>241X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Myocarditis</i> DUE TO <i>Capillary Bronchitis</i> DUE TO <i>Hypertension</i> <i>Isolated Atrium</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Several Weeks</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/26/53</i> , 19 <i>53</i> , to <i>4/30/53</i> , that I last saw the deceased alive on <i>4/30/53</i> , and that death occurred at <i>10:30 PM</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Barclay</i>		23B. ADDRESS <i>524 N. Carey St</i>		23C. DATE SIGNED <i>5/4/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 5, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Int. Auburn</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>Holland Funeral Home</i>		ADDRESS <i>1031 Druid Hill Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 5 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Number 110

Handwritten text, likely a signature or name, appearing multiple times in a cursive script.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4293
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E BRIDE

2. DATE OF DEATH
May 3, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-10

D. STREET ADDRESS (If rural, give location)
4462 St. George Street

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

June 16, 1892

9. AGE (in years last birthday)

60

10 Under 1 Year Months: Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Fredrick Snell

14. MOTHER'S MAIDEN NAME

Betty Whiten

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. DEFORMANT ADDRESS
Mr. James Snell
4462 St. Georges Ave

18. 420.0 and 260X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

ARTERIOSCLEROTIC HEART DISEASE

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from _____ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
May 3, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 7, 1953

Int. Arkam

Baltimore, Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 1953

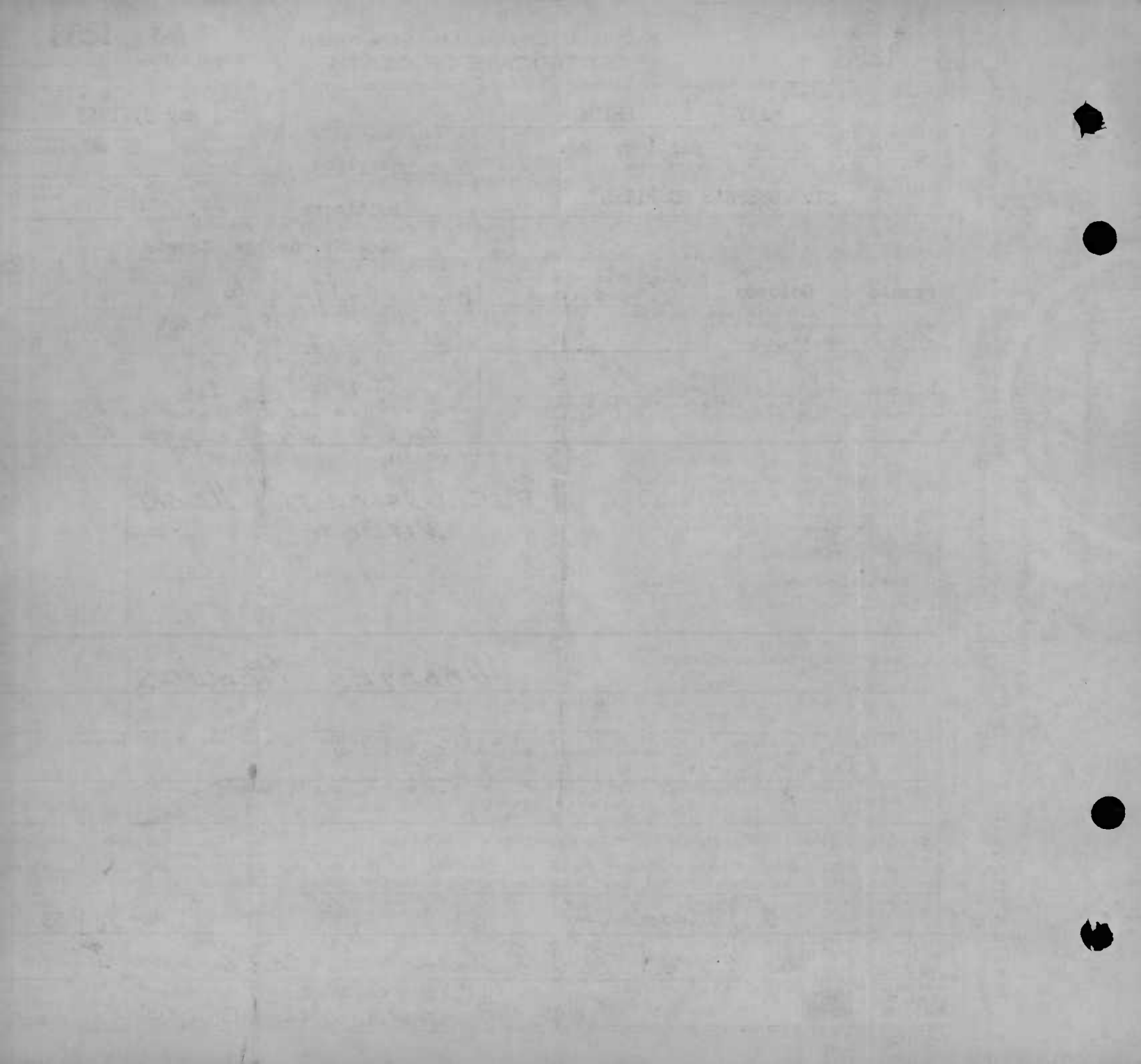
Huntington, Md.

1637

David Hill, Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

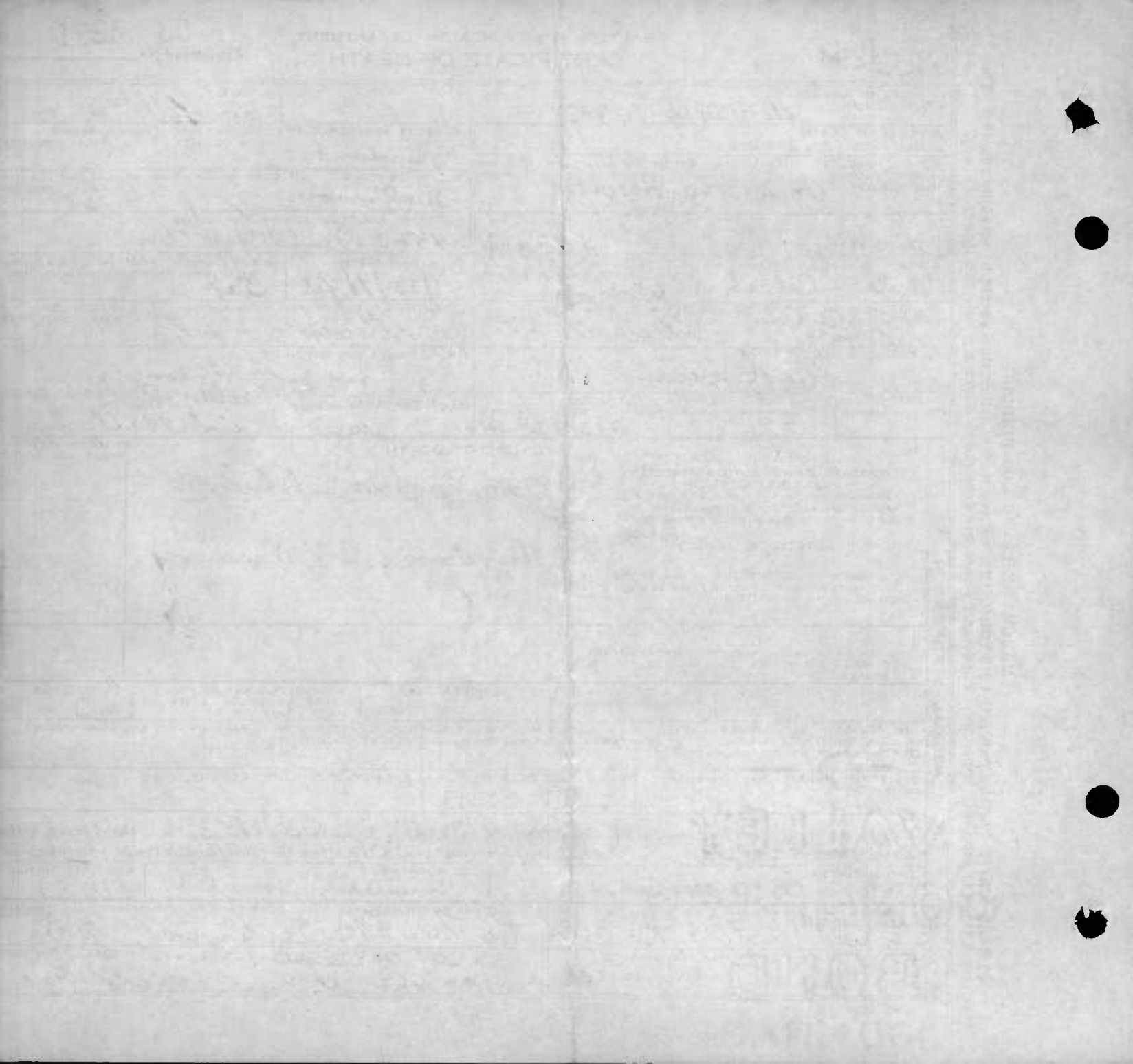
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1520
53 4294
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4294
Registered No.

1. NAME OF DECEASED (Type or Print) HERMAN JONES			2. DATE OF DEATH 5/1/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02		
C. Length of stay in Baltimore 59 yrs Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1420 Druid Hill Ave.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 1/15/1892	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10B. KIND OF BUSINESS OR INDUSTRY Electric Co.		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 213-03-5461		
17. ADDRESS 1420 Druid Hill Ave			18. CAUSE OF DEATH		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute Lymphoid Leukemia DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive C-V Disease DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/30/53 , 19__, to 5/1/53 , 19__, that I last saw the deceased alive on 5/1/53 , 19__, and that death occurred at 12:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. H. L. Berger			23B. ADDRESS University Hospital		23C. DATE SIGNED 5/1/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 6, 1953		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pl. Baltimore, Md.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. GENERAL DIRECTOR James P. Kelly			
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE James P. Kelly			



53 4295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4295

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Gordon

2. DATE
OF
DEATH

May 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1514 Division St

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND BALTIMORE

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

17-02

D. STREET ADDRESS (If rural, give location)

1219 ETTING ST.

c. Length of stay in Baltimore

57

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

COL.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 25, 1895

9. AGE (In years
last birthday)

58 yrs.

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Minister

10b. KIND OF BUSINESS OR
INDUSTRY

Clergy

11. BIRTHPLACE (State or foreign country)

Georgetown S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Mary Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Evelyn Gordon

1219 Etting St.

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

METASTATIC - CARCINOMA
of the prostate

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19a. DATE OF OPERATION

3-5-53

19b. MAJOR FINDINGS OF OPERATION

Typical adenocarcinoma of the prostate

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

M.

WORK

AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE

Oswaldo B. Legaspi

M. D.

23b. ADDRESS

1514 Division St. Balt. Md.

23c. DATE SIGNED

May 4, 1953

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

May 7, 1953

24c. NAME OF CEMETERY OR CREMATORY

Arlington Mem. Pk.

24d. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 5 1953

REGISTRAR'S SIGNATURE

Buntington Williams, M.D.

25. FUNERAL DIRECTOR

Halland Funeral Home

ADDRESS

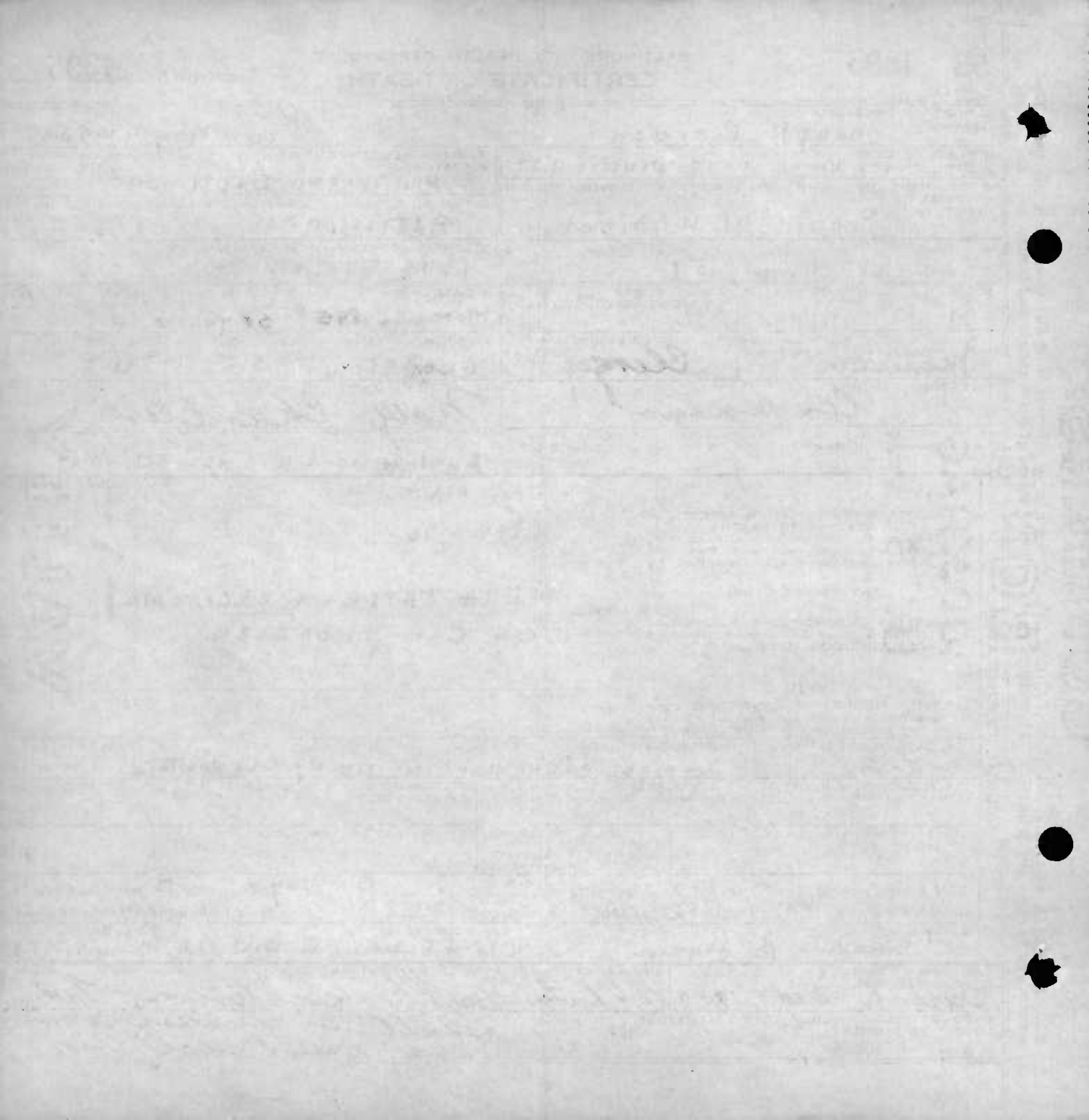
1631 Smith Hill Ave.

VS 150

0098W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-235

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4296**

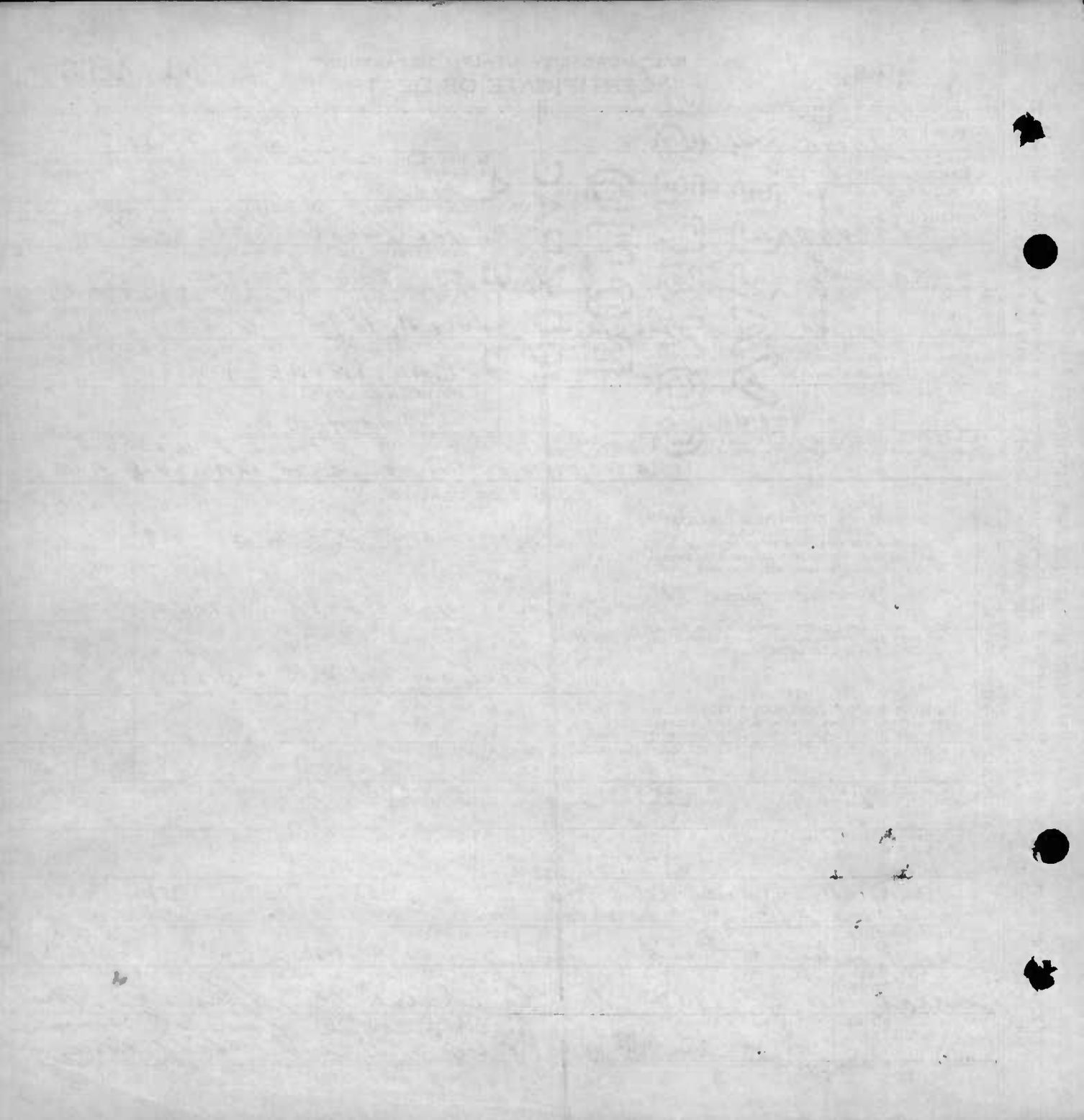
53 4296

BIRTH NO.			1. NAME OF DECEASED (Type or Print) JAMES Boston			2. DATE OF DEATH 5/3/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION PROVIDENT			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03					
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 531 Robert St.					
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 4, 1892		9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LONGSHOREMAN			10B. KIND OF BUSINESS OR INDUSTRY Shipping			11. BIRTHPLACE (State or foreign country) BALTIMORE, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. #215-09-3894			17. INFORMANT ETHEL F. BOSTON Wife 2510 MADISON AVE.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema		CAUSE OF DEATH (A) Pulmonary Edema DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Auricular Fibrillation		(B) Auricular Fibrillation DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary Heart Div.		(C) Coronary Heart Div.	

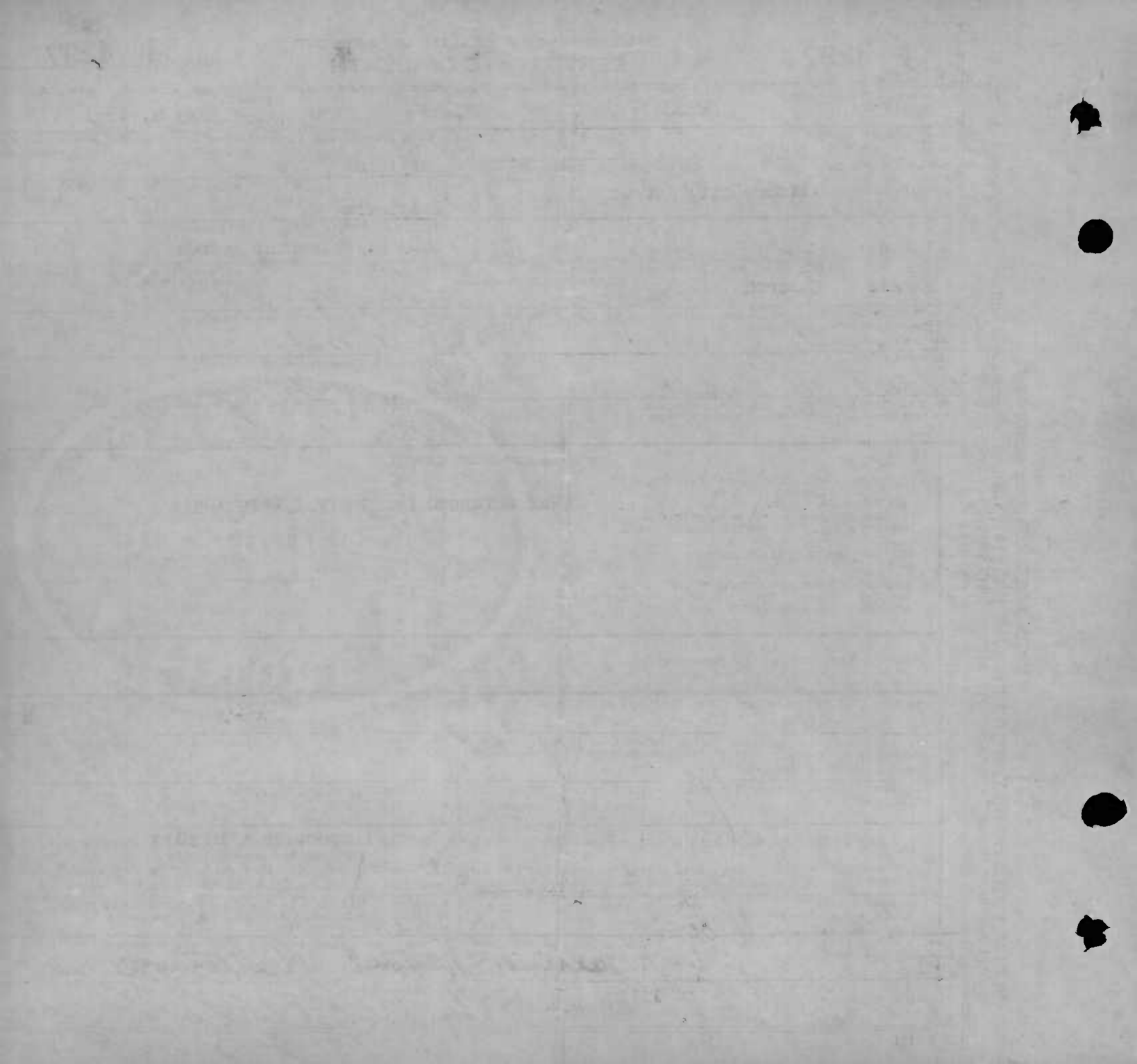
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/2 19 53 , to 5/3 19 53 ; that I last saw the deceased alive on 5/2 19 53 , and that death occurred at 11:10 A. m., from the causes and on the date stated above.					
23A. SIGNATURE J. Preston Grant		23B. ADDRESS M. D. 601 N. Carrollton		23C. DATE SIGNED 5/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 7, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. GENERAL DIRECTOR'S ADDRESS 1631 Druid Hill Ave.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington			

94055



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4297 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4297	
1. NAME OF DECEASED (Type or Print)		ODESSA		2. DATE OF DEATH May 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 1403 E. Fairmount Avenue	
c. Length of stay in Baltimore		Yrs. Life		Mos. Days	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 16 1914	9. AGE (In years last birthday) 39	10. If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME Albert Grunzel		14. MOTHER'S MAIDEN NAME Sarah W Morgan		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT William Snipes	
18. 002X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Far advanced pulmonary tuberculosis			
DUE TO		(B)			
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Snipes		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 5-4-53	
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial		24B. DATE May 7/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. FUNERAL DIRECTOR Mrs Robert A. Ellinger		24F. ADDRESS 1129 N. Caroline St.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4298**

53 4298

1. NAME OF DECEASED (Type or Print) ALICE L. PROCTOR			2. DATE OF DEATH May 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 141 N. Chapel Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 11, 1886	9. AGE (In years last birthday) 66	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Marys County		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Smith			14. MOTHER'S MAIDEN NAME Alice		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Thelma Wade 2267 N. Bayview		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED 5-4-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 8/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem	
24D. LOCATION (City, town, or county) (State) A. A. County Md		25. FUNERAL DIRECTOR Mrs. R. H. G. Elliott			
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 1129 N. Caroline St	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 4299

BIRTH NO. 53 4299

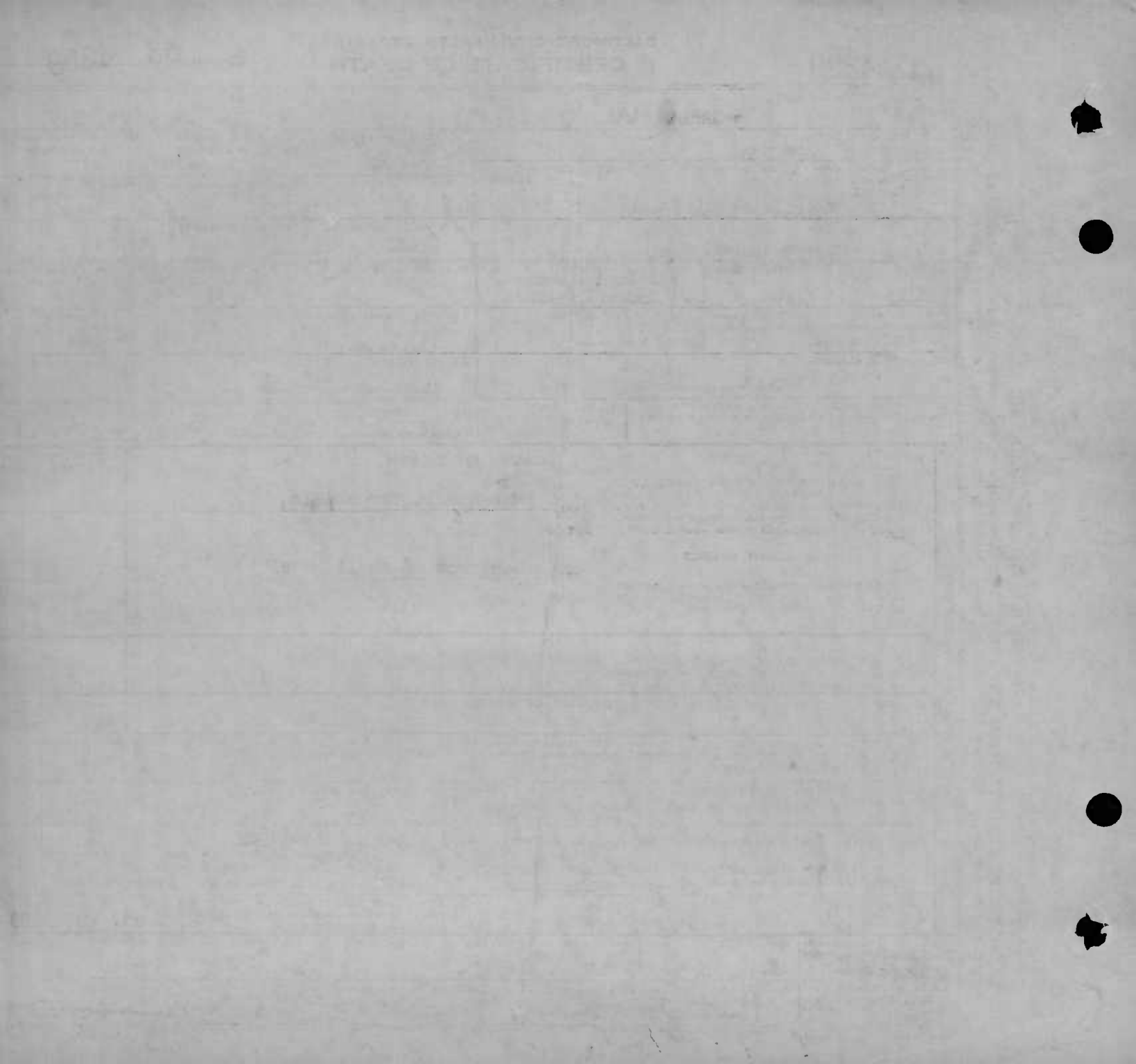
1. NAME OF DECEASED (Type or Print) GARLE W SLAUGHTER			2. DATE OF DEATH April 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Jail			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 10-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) City Jail 801 Buren St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Alas	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Veterans Admin Balto MD	

18. 570.2		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A)	Mesenteric thrombosis	
ANTECEDENT CAUSES		(B)	Gangrene of small bowel	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Min.)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE William W. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED April 29, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 5/5/53	24C. NAME OF CEMETERY OR CREMATORY St Peter	24D. LOCATION (City, town, or county) (State) Balto MD	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953	REGISTRAR'S SIGNATURE Huntington [Signature]		25. FUNERAL DIRECTOR ADDRESS 2503 E. [Signature]	

MARGIN RESERVED FOR BINDING

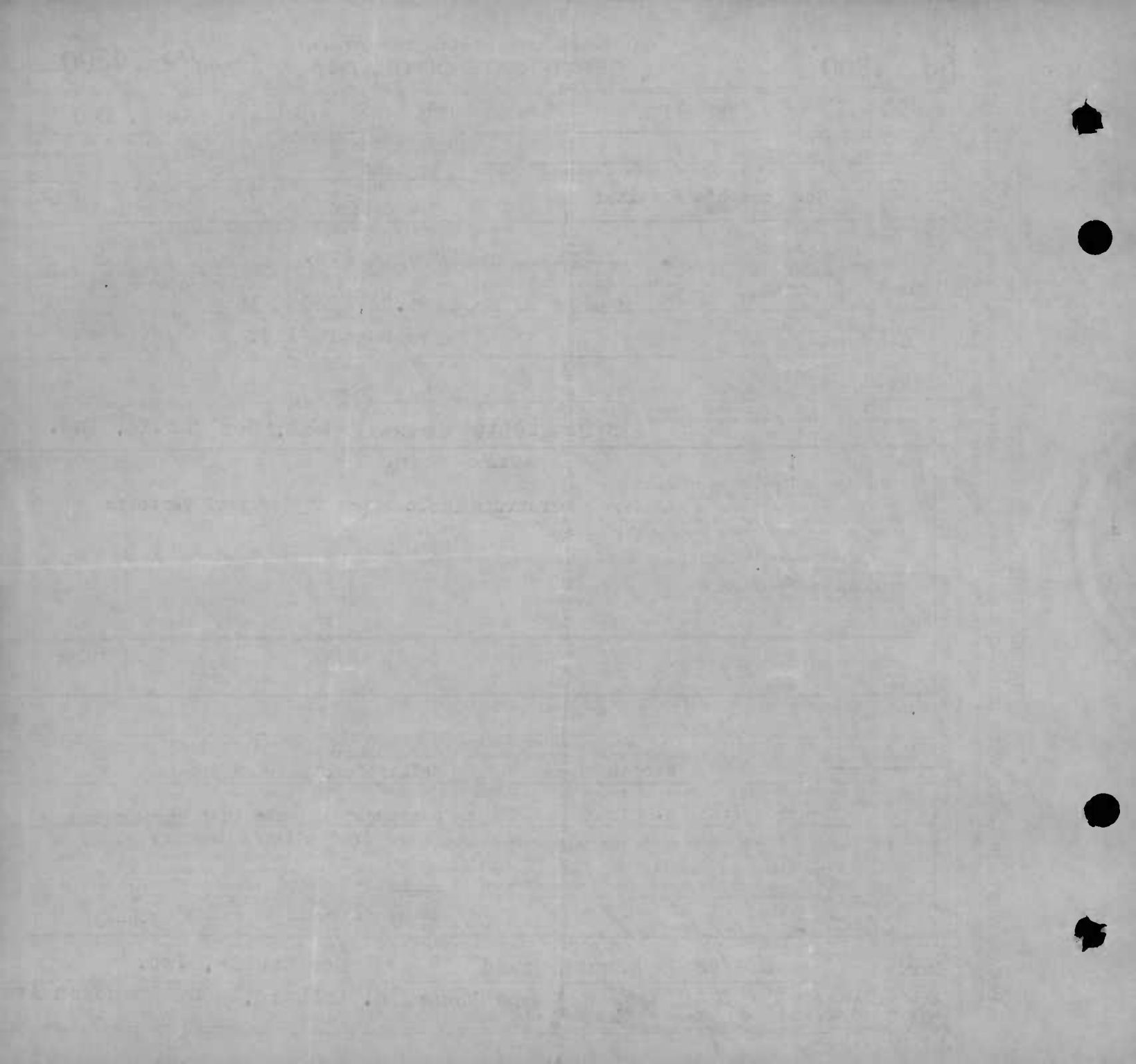
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4300	
BIRTH NO. 53 4300		1. NAME OF DECEASED (Type or Print) FREDERICK Lee HECK		2. DATE OF DEATH May 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Indiana B. COUNTY V-12			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Castle			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1809 1/2 A Ave.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Sept. 25, 1936	9. AGE (In years last birthday) 16 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Castle Ind.	
13. FATHER'S NAME Russell Heck		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. 312-32-8819		14. MOTHER'S MAIDEN NAME Mabel Koger	
17. INFORMANT Russell Heck, New Castle, Ind.		ADDRESS			
18. E 823.4 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture Dislocation of Cervical Vertebra DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Belair Road near Chapel Lane 5300	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-4-53 7:15 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? passenger in auto that struck pole	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Howard</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D.		23C. DATE SIGNED 5-4-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/8/53		24C. NAME OF CEMETERY OR CREMATORY South Mound	
24D. LOCATION (City, town, or county) (State) New Castle, Ind.		25. FUNERAL DIRECTOR Howard H. Hubbard, 2503 Edmondson Ave			
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE <i>Howard H. Hubbard</i>		25. FUNERAL DIRECTOR Howard H. Hubbard, 2503 Edmondson Ave	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4301**BIRTH NO. **53 4301**1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service

16. SOCIAL SECURITY NO.

17. INFORMANT

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **19 MAY 4**, 19**53**, and that death occurred at **ca 10 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITAL STATISTICS

CAUSE OF DEATH

CHIEF CAUSE OF DEATH

SECOND CAUSE OF DEATH

THIRD CAUSE OF DEATH

FOURTH CAUSE OF DEATH

FIFTH CAUSE OF DEATH

SIXTH CAUSE OF DEATH

SEVENTH CAUSE OF DEATH

EIGHTH CAUSE OF DEATH

NINTH CAUSE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4302
Registered No.53 4302
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

John W. Rice

2. DATE
OF
DEATH

5/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

27-16

C. Length of stay in Baltimore

45 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4608 Park Heights Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3/2/83

9. AGE (in years
last birthday)

70

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Milk Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Dairy

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Rice

Part (m)

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-10-2329

17. INFORMANT

ADDRESS

Hosp. records

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29/53, 19, to 5/3, 1953, that I last saw the
deceased alive on 5/3/53, 19, and that death occurred at 6:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Malcolm L Robbins

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

May 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

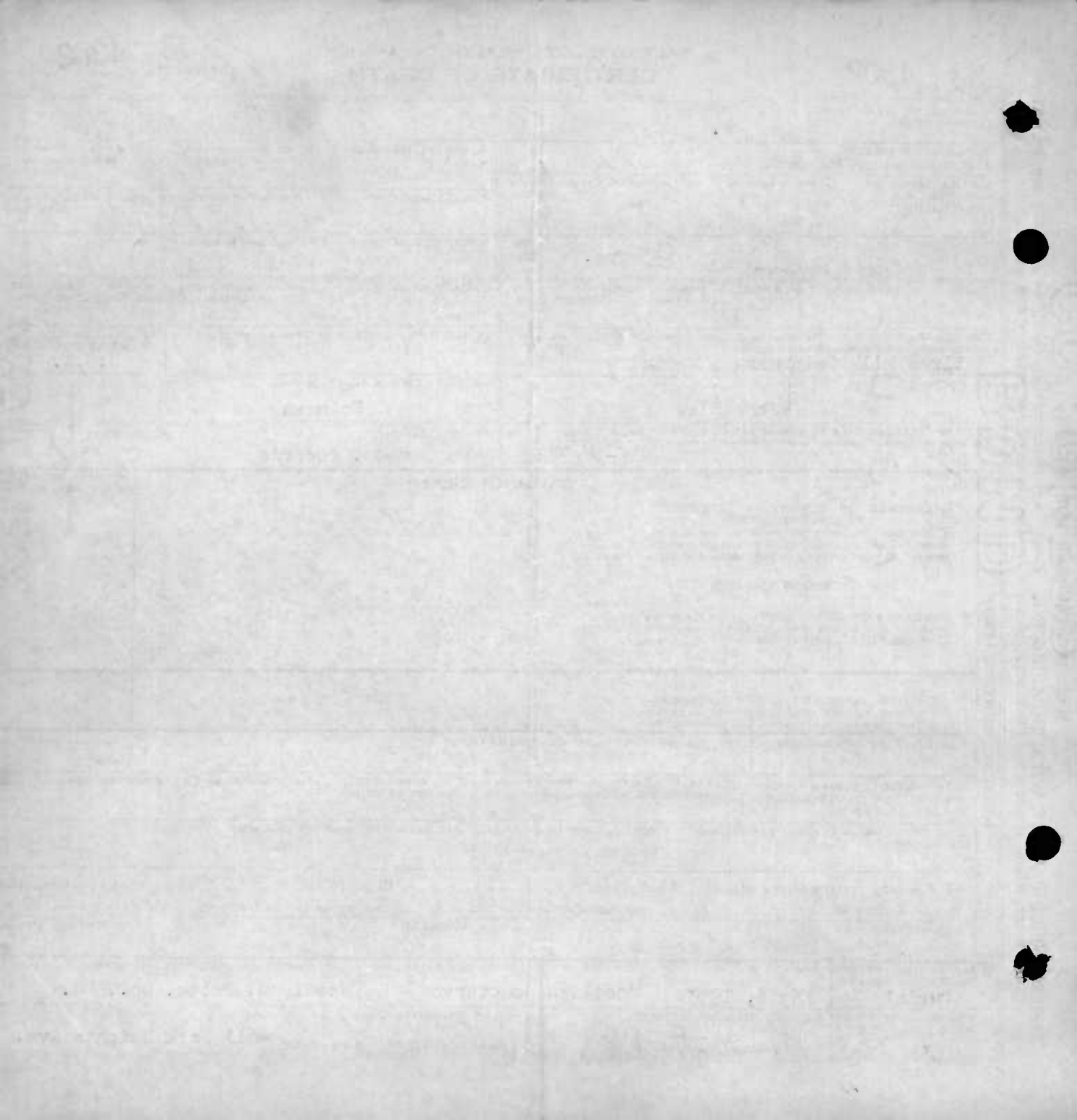
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights Ave.

MAY 5 1953

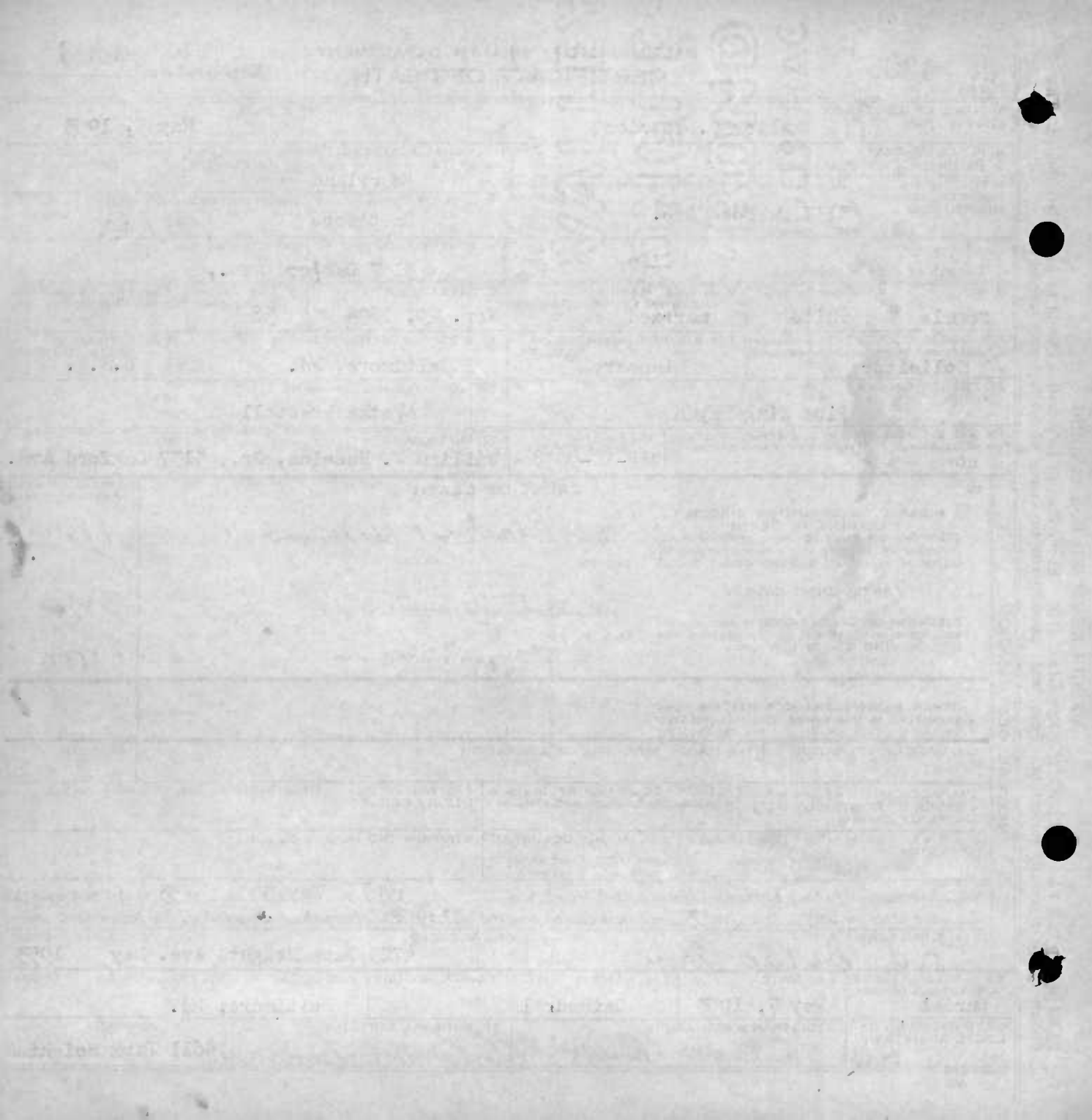


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4303
Registered No.53 4303
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alice O. Hession,			2. DATE OF DEATH May 3, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma ryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3137 Oakford Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-16		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 3137 Oakford Ave.,		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 29, 1894		9. AGE (in years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Solicitor		10B. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Pius King Haydn			14. MOTHER'S MAIDEN NAME Agatha Krastell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 218-10-9028	17. INFORMANT ADDRESS William J. Hession, Sr., 3137 Oakford Ave.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH 18 hrs.
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arterio Sclerosis		5 yrs.
DUE TO (B)		
Hypertension		5 yrs.
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1, 1953 , to May 3, 1953 , that I last saw the deceased alive on May 3, 1953 , and that death occurred at 11:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. L. DeBarbieri		23B. ADDRESS 4723 Park Heights Ave.		23C. DATE SIGNED May 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE May 7, 1953		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 4611 Park Heights Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4304

53 4304

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stanley Wasilewski

2. DATE
OF
DEATH

May 2 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1118 S. Kenwood Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-04

D. STREET ADDRESS (If rural, give location)

1118 S. Kenwood Ave

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan 24 1880

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Casimir Wasilewski

14. MOTHER'S MAIDEN NAME

Maryanna?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Apolonia Wasilewski 1118 S. Kenwood Ave

18.

443X

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Hypertensive Cardio Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Infectious

(C)

Cardiac Disease

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 1951 to May 2, 1953, that I last saw the
deceased alive on May 2, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Jamonski

M. D.

23B. ADDRESS

2711 Carter Ave.

23C. DATE SIGNED

5/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 6/53

St Stanislaus Cemetery Dundalk Ave Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 1953

Huntington Hall, MD

John J. Duda Inc

2829 Hudson St

VS 150

MAY 9 1953

98096

1901

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1901

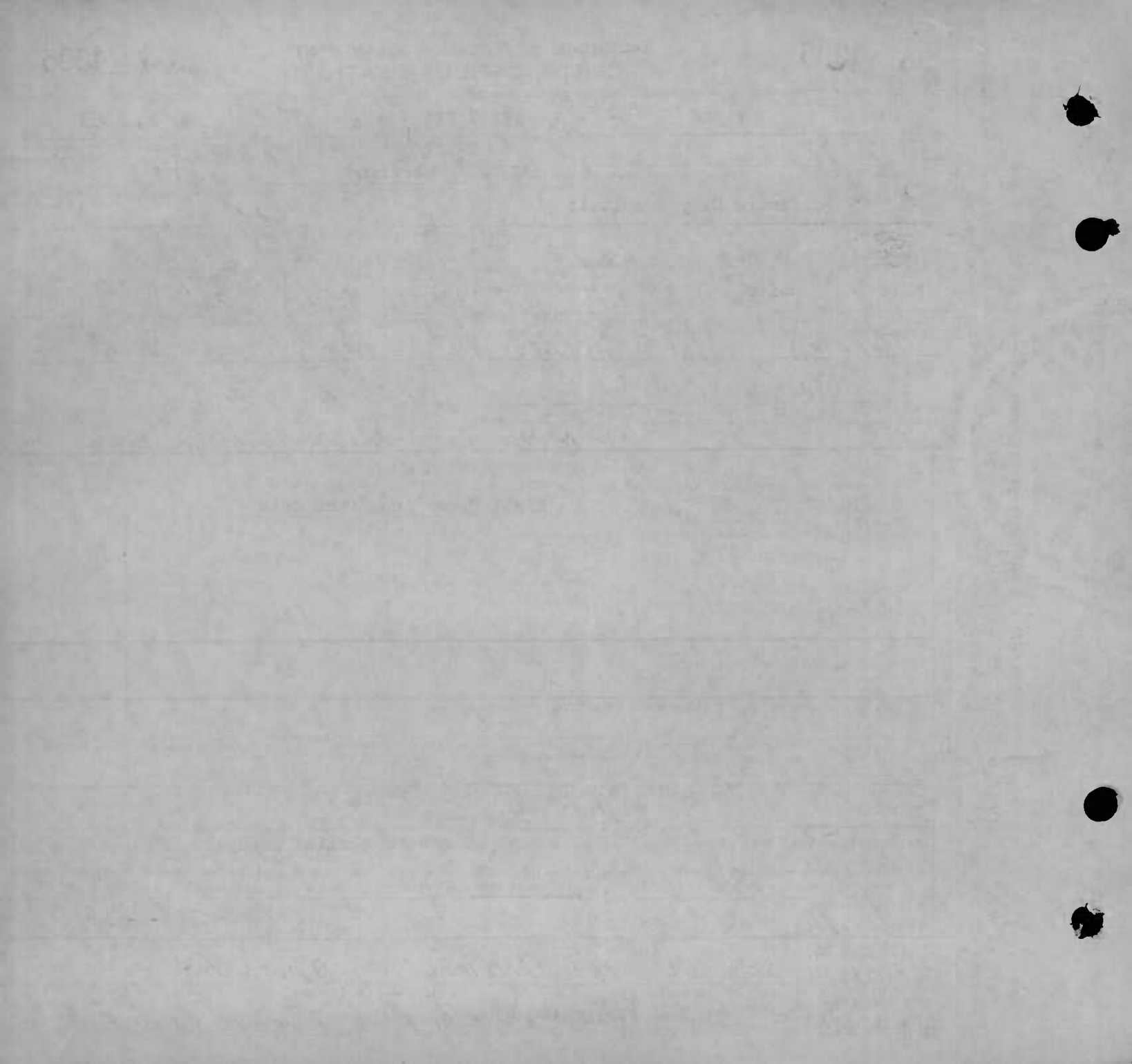


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BIRTH NO. 53 4305				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4305	
1. NAME OF DECEASED (Type or Print) FRANK B. ZEBERLEIN SR.				2. DATE OF DEATH May 4, 1953			
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO.			
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ESSEX 24			
c. Length of stay in Baltimore				d. STREET ADDRESS (If rural, give location) 400 ORIOLE AVE			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH SEPT. 28, 1889	9. AGE (In years last birthday) 63		10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE		11. BIRTHPLACE (State or foreign country) BALTO. Md		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME GEORGE V.				14. MOTHER'S MAIDEN NAME MARY E. BENION			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 212-M-8991		17. INFORMANT ADDRESS B.F. ZEBERLEIN, JR. 400 ORIOLE AVE (24)			
18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Right Upper Lobe Pneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .							
23a. SIGNATURE William Wood				23b. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER		23c. DATE SIGNED 5-4-53	
24a. BURIAL, CREMATION, (Specify) BURIAL		24b. DATE 5-5-53		24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL		24d. LOCATION (City, town, or county) (State) BALTO. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Walter Burke Bradley		ADDRESS Shedden Rd	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 430653 4306
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Stephen Wooden</u>			2. DATE OF DEATH <u>May 3 - 1953</u> <u>5:00 P.M.</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 10-01</u>		
c. Length of stay in Baltimore Yrs. <u>70</u> Mos. <u>1200</u> Days <u>Valley St</u>			D. STREET ADDRESS (If rural, give location) <u>1200 Valley St</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan. 4 1870</u>	9. AGE (In years; last birthday) <u>82</u>	10. Under 1 Year Months: <u>82</u> Days: <u>82</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>William Wooden</u>			14. MOTHER'S MAIDEN NAME <u>Laura Mills</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <u>214-20-4487</u>	17. INFORMANT ADDRESS <u>Little Sisters of the Poor</u>		

18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Chronic Myocarditis</u> (A) DUE TO	CAUSE OF DEATH <u>Chronic Myocarditis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arterio-Sclerosis</u> (B) DUE TO	<u>Arterio-Sclerosis</u> (C) DUE TO	<u>5 yrs</u>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1953 to May 3, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 5:00 m., from the causes and on the date stated above.

23A. SIGNATURE E. Gull Hall MD M. O. 16 31 E North Ave 23B. ADDRESS May 3-53 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>May 6, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Cathedral</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 5 1953</u>		25. FUNERAL DIRECTOR ADDRESS <u>Huntington Williams, MD</u> <u>Rita Wiedefeld 9006 Biddle St</u>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4307

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Hoppoldt, Rose2. DATE
OF
DEATH3 May 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
3404 Hayward Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

17 August 1890

9. AGE (In years, last birthday)

61

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John H. Slack

14. MOTHER'S MAIDEN NAME

Elizabeth Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Denise Hoppoldt

ADDRESS

One18. 175XDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of Ovaries

INTERVAL BETWEEN ONSET AND DEATH

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

22 April 1953

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Ovaries with bilateral metastases

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 April, 1953 to 3 May, 1953 that I last saw the deceased alive on 3 May, 1953, and that death occurred at 4:00A.M., from the causes and on the date stated above.

23A. SIGNATURE

A. P. Mason

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

3 May 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 6/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Loring Byers

ADDRESS

5005 N. Light St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 53 4308

53 4308

1. NAME OF DECEASED (Type or Print) ELIZABETH TUREK			2. DATE OF DEATH May 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2208 Ashland Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 2208 Ashland Avenue		
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH July 15, 1878	11. AGE (In years last birthday) 74	12. If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Folker			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Margaret Marx, dght, above			ADDRESS		

MEDICAL CERTIFICATION

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hypertensive Cardio Vascular DUE TO Refal Disease, Vascular ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cholera, Acute OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH hypertensive Cardio Vascular Refal Disease, Vascular Cholera, Acute INTERVAL BETWEEN ONSET AND DEATH 4 days		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 2, 1953 , to May 2, 1953 , and that death occurred at 2208 Ashland Ave. , from the causes and on the date stated above.					
23A. SIGNATURE Elizabeth Turek		23B. ADDRESS 2208 Ashland Ave.		23C. DATE SIGNED 5/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 6, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		24F. ADDRESS 2601-3-5 E. Madison St.	

CERTIFICATE OF DEATH

FILE NO. 100-100000

DECEASED: JOHN J. ROSS, JR.

DATE OF DEATH: 10/10/68

PLACE OF DEATH: NEW YORK, N.Y.

AGE: 45

SEX: M

RACE: W

EDUCATION: HS

OCCUPATION: SALES

RELIGION: CATHOLIC

CAUSE OF DEATH: HEART DISEASE

MANNER OF DEATH: NATURAL

DATE OF BIRTH: 10/10/23

PLACE OF BIRTH: NEW YORK, N.Y.

DATE OF MARRIAGE: 10/10/45

PLACE OF MARRIAGE: NEW YORK, N.Y.

DATE OF DEATH: 10/10/68

PLACE OF DEATH: NEW YORK, N.Y.

AGE: 45

SEX: M

RACE: W

EDUCATION: HS

OCCUPATION: SALES

RELIGION: CATHOLIC

CAUSE OF DEATH: HEART DISEASE

MANNER OF DEATH: NATURAL

DATE OF BIRTH: 10/10/23

PLACE OF BIRTH: NEW YORK, N.Y.

DATE OF MARRIAGE: 10/10/45

PLACE OF MARRIAGE: NEW YORK, N.Y.

DATE OF DEATH: 10/10/68

PLACE OF DEATH: NEW YORK, N.Y.

AGE: 45

SEX: M

RACE: W

EDUCATION: HS

OCCUPATION: SALES

RELIGION: CATHOLIC

CAUSE OF DEATH: HEART DISEASE

MANNER OF DEATH: NATURAL

DATE OF BIRTH: 10/10/23

PLACE OF BIRTH: NEW YORK, N.Y.

DATE OF MARRIAGE: 10/10/45

PLACE OF MARRIAGE: NEW YORK, N.Y.

DATE OF DEATH: 10/10/68

PLACE OF DEATH: NEW YORK, N.Y.

AGE: 45

SEX: M

RACE: W

EDUCATION: HS

OCCUPATION: SALES

RELIGION: CATHOLIC

CAUSE OF DEATH: HEART DISEASE

MANNER OF DEATH: NATURAL

DATE OF BIRTH: 10/10/23

PLACE OF BIRTH: NEW YORK, N.Y.

DATE OF MARRIAGE: 10/10/45

PLACE OF MARRIAGE: NEW YORK, N.Y.

DATE OF DEATH: 10/10/68

PLACE OF DEATH: NEW YORK, N.Y.

AGE: 45

SEX: M

RACE: W

EDUCATION: HS

OCCUPATION: SALES

RELIGION: CATHOLIC

CAUSE OF DEATH: HEART DISEASE

MANNER OF DEATH: NATURAL

DATE OF BIRTH: 10/10/23

PLACE OF BIRTH: NEW YORK, N.Y.

DATE OF MARRIAGE: 10/10/45

PLACE OF MARRIAGE: NEW YORK, N.Y.

DATE OF DEATH: 10/10/68

PLACE OF DEATH: NEW YORK, N.Y.

AGE: 45

SEX: M

RACE: W

EDUCATION: HS

OCCUPATION: SALES

RELIGION: CATHOLIC

CAUSE OF DEATH: HEART DISEASE

MANNER OF DEATH: NATURAL

DATE OF BIRTH: 10/10/23

PLACE OF BIRTH: NEW YORK, N.Y.

DATE OF MARRIAGE: 10/10/45

PLACE OF MARRIAGE: NEW YORK, N.Y.

DATE OF DEATH: 10/10/68

PLACE OF DEATH: NEW YORK, N.Y.

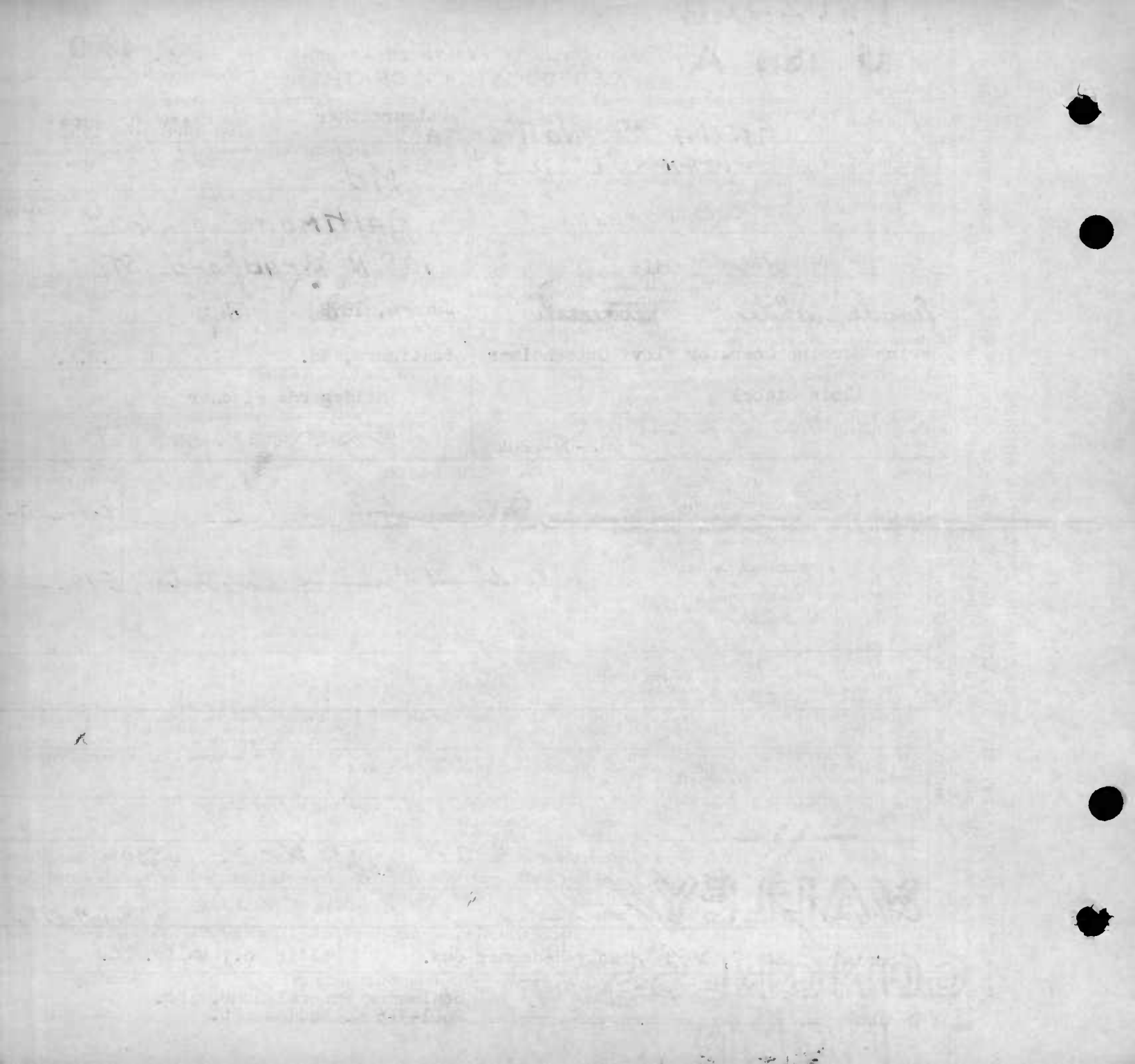
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4309 Registered No.	
1. NAME OF DECEASED (Type or Print)		ANNA Mary Nottingham Uttenreither		2. DATE OF DEATH MAY 3 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		6-03	
c. Length of stay in Baltimore		life		D. STREET ADDRESS (If rural, give location) 108 N. Bradford St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 6, 1898	9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Machine Operator		10B. KIND OF BUSINESS OR INDUSTRY Levi Ottenheimer		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Alois Biebel		14. MOTHER'S MAIDEN NAME Hildegard Fischer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-07-2204		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinomatosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Epidemioid Carcinoma, Cervix uteri DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 6-8 months 5-10 years			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-3-1953 to 5-3-1953 that I last saw the deceased alive on 5-3-1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above					
23A. SIGNATURE Ernest F. Latham M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED May 4, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 7, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) Belair Rd., Balto. Md.		24E. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		24F. ADDRESS 2601-3-5 E. Madison St.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

69046



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4310

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAY NELSON

2. DATE
OF
DEATH

5-3-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Provident Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONProvident Hosp. + Free
dispensaryC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto Md

11-04

D. STREET ADDRESS (If rural, give location)

211 W Hoffman St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

5-1-1893

9. AGE (In years
last birthday)

60 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work doing most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Frederick

, md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lewis Wineberg

14. MOTHER'S MAIDEN NAME

Lucretia Diggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Joseph Diggs 211 W. Hoffman St.

ADDRESS

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardio-vascular accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension ess.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1953, to May 3, 1953, that I last saw the
deceased alive on May 3, 1953, and that death occurred at 11:55 AM., from the causes and on the date stated above.

23A. SIGNATURE

Ignacio T. Garcia M.D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

5-3-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 5 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Mrs. Kate P. Williams Schewerdt

ADDRESS

322 N

000-32

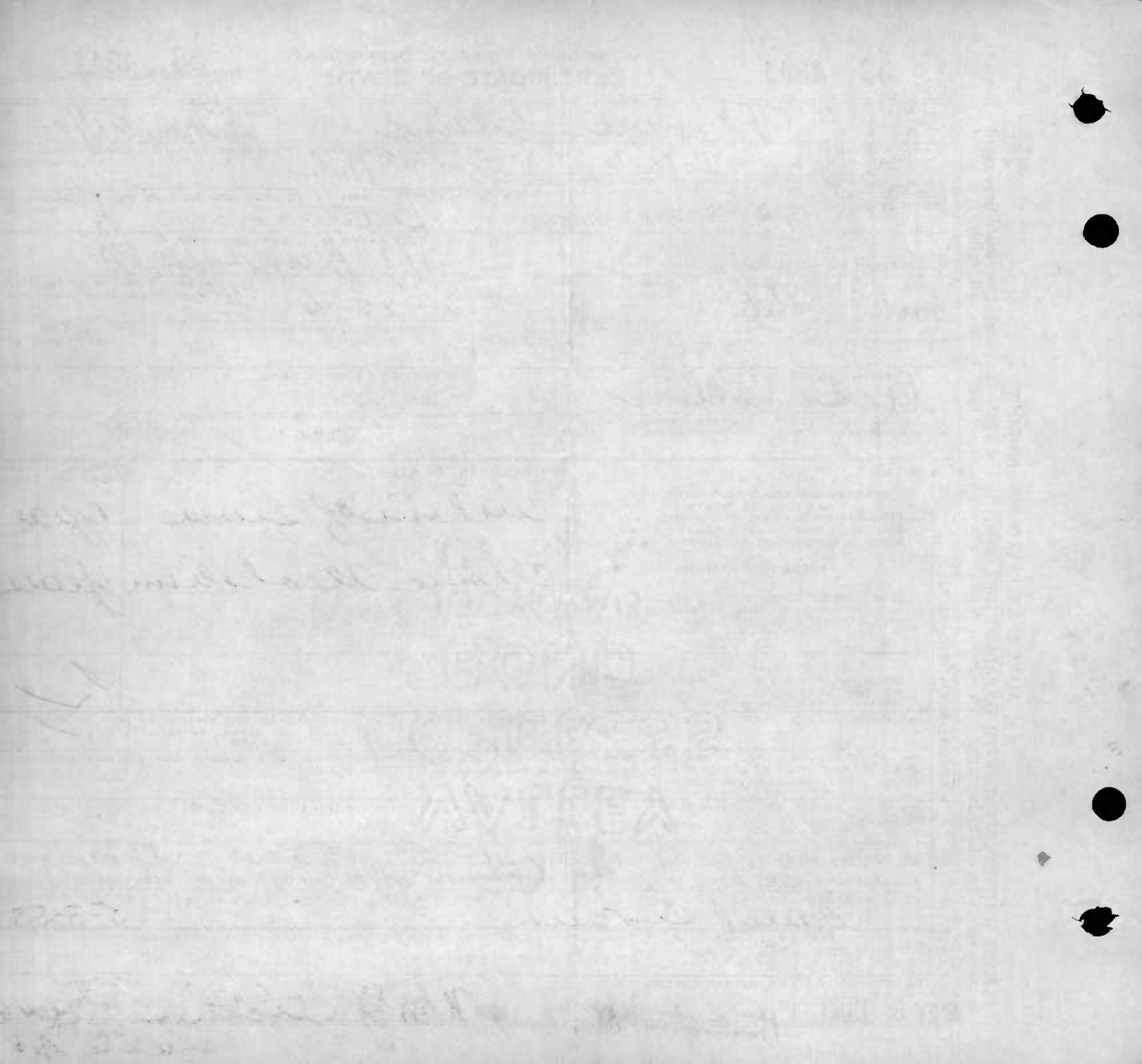
UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4311	
1. NAME OF DECEASED (Type or Print) Theodore Collins		2. DATE OF DEATH May-3-1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland Calver 6		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 117 Dundalk Ave		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-28-06	9. AGE (In years, last birthday) 46	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Asa Collins		14. MOTHER'S MAIDEN NAME Ida Constantine			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS
18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of Liver DUE TO Chronic Alcoholism DUE TO 1 year years		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4-29-53 to 5-3-53 , that I last saw the deceased alive on 5-3-53 , and that death occurred at 6:30 PM , from the causes and on the date stated above			
23A. SIGNATURE David Guberman		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 6/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR Ullrich Funeral Home 2112 Dundalk Ave		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

m-324
53 4312

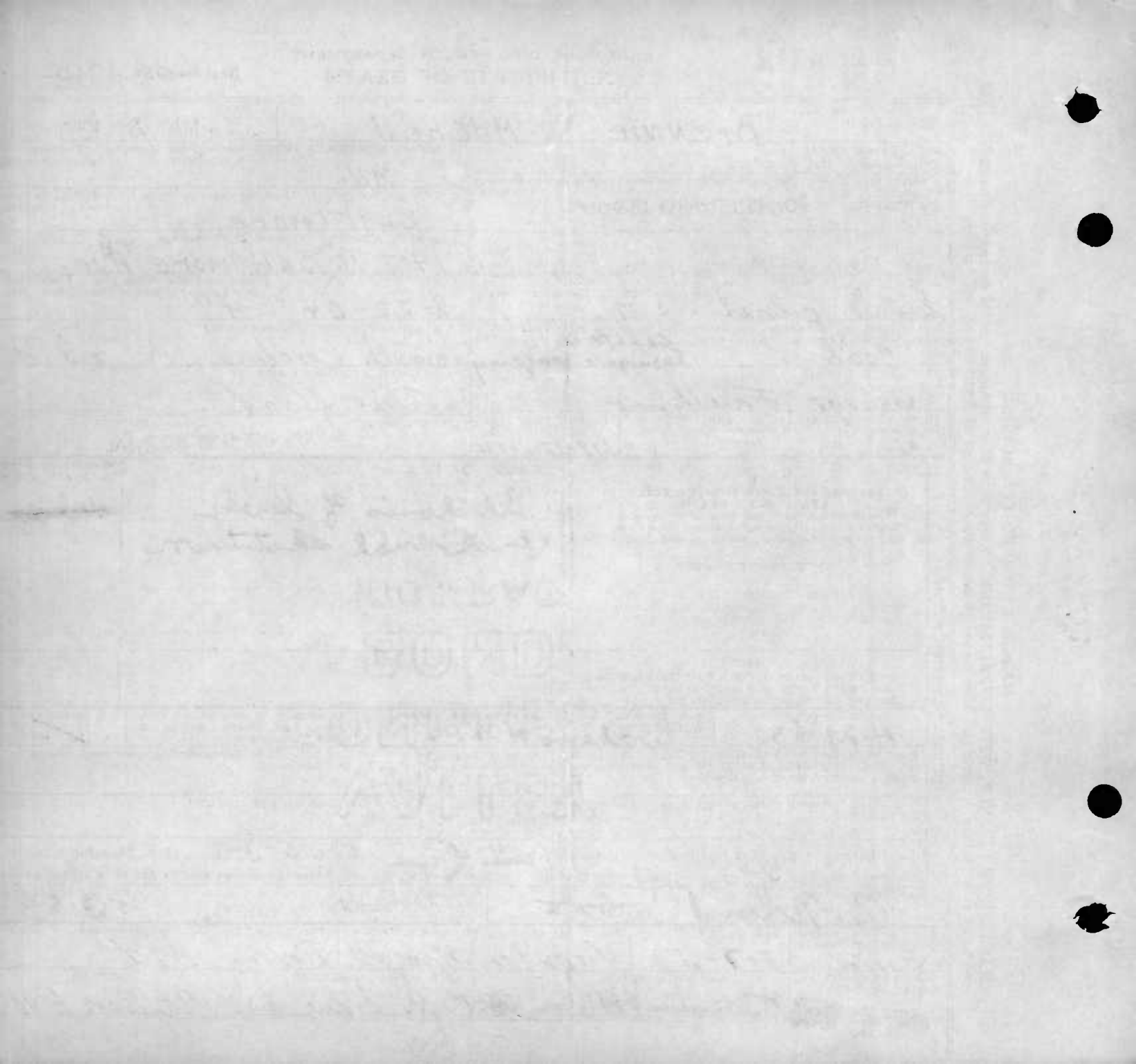
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-4312

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Brennie Mitchell		2. DATE OF DEATH MAY 3 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 15-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		D. STREET ADDRESS (If rural, give location) 1417 N. Baltimore Ave.		E. CITY OR TOWN (If rural, give location) 1417 N. Fulton Ave.	
c. Length of stay in Baltimore		Yrs. Mos. Days		8. DATE OF BIRTH 8-22-04	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) D.	9. AGE (In years last birthday) 48		10. AGE (In years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY Cafeteria Insurance company		11. BIRTHPLACE (State or foreign country) South Carolina	
13. FATHER'S NAME George Faulkner		14. MOTHER'S MAIDEN NAME Alice Hood		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 218-12-2102		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 581.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cirrhosis of liver DUE TO and renal shutdown		4 days	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 4-23-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Cirrhosis of liver		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-10- , 1953, to 5-3- , 1953, that I last saw the deceased alive on 5-3- , 1953, and that death occurred at m. , from the causes and on the date stated above					
23A. SIGNATURE B. Roland Carter		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-7-53		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pl.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pl.		24F. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS C. R. Law 802 Madison Ave.	

75464

La. 7560



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
EMIT H. LEWIS		May 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 43 S. Stricker St.		Md.	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX male		D. STREET ADDRESS (If rural, give location) 43 S. Stricker St.	
6. COLOR OR RACE white		E. AGE (In years last birthday) 70	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		F. DATE OF BIRTH March 2, 1883	
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired painter		G. BIRTHPLACE (State or foreign country) W. Va.	
9. KIND OF BUSINESS OR INDUSTRY ?		H. CITIZEN OF WHAT COUNTRY? ?	
10. FATHER'S NAME ?		I. MOTHER'S MAIDEN NAME Elizabeth	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		J. SOCIAL SECURITY NO. ?	
12. INFORMANT Mr. John R. Lewis - 630 E. St. Sparrows Pt		K. ADDRESS	
13. 331X CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Essential Hypertension			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
14. DATE OF OPERATION 0		15. CONDITION FOR WHICH OPERATION WAS PERFORMED	
16. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		17. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
18. TIME (Month) (Day) (Year) (Hour) OF INJURY		19. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 9, 1946 to May 3, 1953, that I last saw the deceased alive on May 2, 1953 and that death occurred at 7:45 a. m., from the causes and on the date stated above.			
23. SIGNATURE Wm. J. Vickner		24. ADDRESS 1412 W. Fayette St.	
25. DATE 5/6/53		26. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
27. LOCATION (City, town, or county) Baltimore, Md.		28. DATE SIGNED 5/5/53	
29. DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		30. REGISTRAR'S SIGNATURE Huntington Williams	
31. FUNERAL DIRECTOR Wm. J. Vickner & Sons		32. ADDRESS Baltimore, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4314

BIRTH NO.			1. NAME OF DECEASED (Type or Print) THEODORE L. STRAUS			2. DATE OF DEATH May 3, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2201 Linden Ave.			D. STREET ADDRESS (If rural, give location) 2201 Linden Ave.			c. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 28, 1864	9. AGE (In years last birthday) 89	10. Under 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) Maryland		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stock broker (rtd)			10B. KIND OF BUSINESS OR INDUSTRY investments			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME -- Straus			14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. no			17. INFORMANT Mrs. Gladys H. Straus-2201 Linden Ave.			ADDRESS		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Congestive Failure Myocarditis Hypertension Arterio-sclerosis			INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs. Gradual			19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June , 1946 to May 2 , 1953, that I last saw the deceased alive on May 1 , 1953, and that death occurred at 11 P m., from the causes and on the date stated above.								
23A. SIGNATURE M. H. Brady			23B. ADDRESS 1403 Park Ave			23C. DATE SIGNED 5-5-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 5/6/53			24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		
24D. LOCATION (City, town, or county) (State) Balto., Md.			25. FUNERAL DIRECTOR Huntington Williams, 121 M. J. Ticker & Sons			25. ADDRESS Balto 17, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953			REGISTRAR'S SIGNATURE Huntington Williams			VS 150		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4315		BIRTH NO.	
1. NAME OF DECEASED (Type or Print)		EDWARD CHARLES PENFIELD	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md/	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1732 Linden Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1732 Linden Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1881 Dec. 26, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10B. KIND OF BUSINESS OR INDUSTRY Decorating	9. AGE (In years; last birthday) 72 71
13. FATHER'S NAME Milton P. Penfield		14. MOTHER'S MAIDEN NAME Elenore Barron	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 253-16-1569A	
17. INFORMANT Mrs. Violet V. Penfield-1732 Linden Ave		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis + acute myocarditis		CAUSE OF DEATH (A) DUE TO Chronic Anterior Sclerosis	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Buerger's disease			
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 3, 1953, to May 3, 1953, that I last saw the deceased alive on May 3, 1953, and that death occurred at 11:50 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Charles S. Newbold		23B. ADDRESS M. D. 1730 Linden av	
23C. DATE SIGNED May 4/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/6/53	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	
		ADDRESS Baltimore 17, Md	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4316
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Knudsen

2. DATE
OF
DEATH

May 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital D.O.A.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5311 Holder Ave.

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 7, 1880

9. AGE (In years
last birthday)

75

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stationary Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
U.S.A. COUNTRY?

U.S.A.

13. FATHER'S NAME

Andrew Knudsen

14. MOTHER'S MAIDEN NAME

Katherine Schwartz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

Spanish A.W.V.

16. SOCIAL
SECURITY NO.

213-10-8808

17. INFORMANT

Mrs. Katharine A. Knudsen

ADDRESS

18.

331X

CAUSE OF DEATH

5311 Holder Ave.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

J. Krause

M. D.

23B. ADDRESS

115 Chesapeake

23C. DATE SIGNED

May 4 - 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Entombment

24B. DATE

May 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Mausoleum

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

ADDRESS

Baltimore Maryland

Henry J. Sander

NOT A MEDICAL EXAMINER'S CASE
William J. [Signature]
CHIEF OR ASST. MEDICAL EXAMINER

3-1-53
Reported to
Baltimore
Health
Department
Office

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) Baby Girl - Mable Worley		2. DATE OF DEATH 5-1-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1206 Chatham Street	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-26-1953
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 5 days
13. FATHER'S NAME ?		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B.C.H. 4940 Eastern Ave. (records)		ADDRESS	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Prenaturity		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-26-1953 to 5-1-1953 , that I last saw the deceased alive on 5-1-1953 , and that death occurred at 4:15 A.M. , from the causes and on the date stated above.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
23A. SIGNATURE H. John R...		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 5-1-1953		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated		24B. DATE 5-2-53	
24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals 4940 Eastern Ave., Balto., Md.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR May Disposal	

DOE BIRD - 10-10-50

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DOE BIRD - 10-10-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 4318

53 4318

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Emma W. Enrich

2. DATE
OF
DEATH

May 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

A. A.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

So. Balto. General Hospital

C. CITY OR TOWN

Glen Burnie

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

313 Delaware Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 27, 1895

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Straw Hat Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Lovy Hat Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Enrich

14. MOTHER'S MAIDEN NAME

Wilhelmina Stack

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-05-9025

17. INFORMANT

ADDRESS

Charlotte R. Enrich 313 Delaware Av.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebro Vascular Accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiovascular Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to 5/3, 1953 that I last saw the
deceased alive on 5/2, 1953, and that death occurred at 130 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Keelins

M. D.

23B. ADDRESS

4300 Liberty Hts a

23C. DATE SIGNED

5/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-6-1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston W. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of birth: _____

5. Place of birth: _____

6. Date of death: _____

7. Cause of death: _____

8. Signature of physician: _____

9. Signature of registrar: _____

10. Signature of informant: _____

11. Signature of witness: _____

12. Signature of official: _____

13. Signature of official: _____

14. Signature of official: _____

15. Signature of official: _____

16. Signature of official: _____

17. Signature of official: _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4319
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rev. Msgr. Francis J. Murphy, S.T.M.

2. DATE
OF
DEATH

5-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE New York

B. COUNTY V-29

B. FULL NAME OF (If not in hospital or institution, give street address or location)

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

New York City

D. STREET ADDRESS (If rural, give location)

1035 Park Ave., New York 28, N.Y.

C. Length of stay in Baltimore 1 yr. 1 mo, 3 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

1-17-1902

9. AGE (In years last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Catholic Priest

10B. KIND OF BUSINESS OR INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John J. Murphy

14. MOTHER'S MAIDEN NAME

Mary T. Oatis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Seton Institute - Balt

ADDRESS

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage
Arterial hypertension

6 days
6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral and general
arteriosclerosis

several
years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Psychosis with cerebral arteriosclerosis 15 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1 - 738, 1952, to May 5, 1953 that I last saw the deceased alive on May 4, 1953, and that death occurred at 2 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter O. Salveiro

M.D.

23B. ADDRESS

4212 Parkerson Ave

23C. DATE SIGNED

5.5.1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May-5-53

24C. NAME OF CEMETERY OR CREMATORY

Gate of Heaven

24D. LOCATION (City, town, or county)

St. Elizabeth - NY

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 5 1953

REGISTRAR'S SIGNATURE

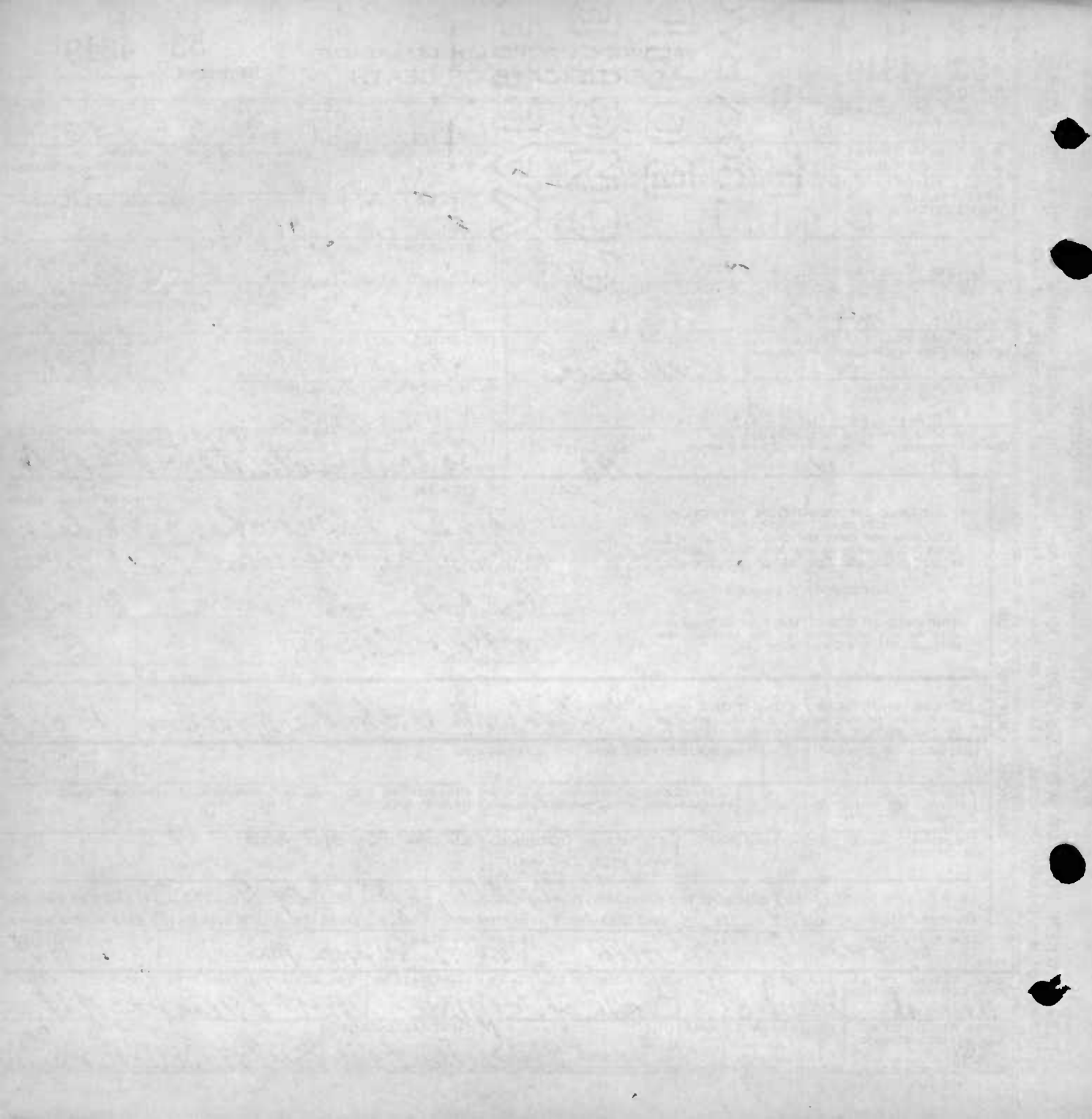
Huntington

25. FUNERAL DIRECTOR

Stewart-Morris

ADDRESS

108 W 11th St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4320
Registered No.53 4320
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

ALBERT E. Reiley

2. DATE
OF
DEATH May 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (not in hospital or institution, give street address or location)
SOUTH BALTO. GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 24-02

D. STREET ADDRESS (If rural, give location)

1441 Riverside Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

8. DATE OF BIRTH

11/30/1907

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Balto. City Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Fire

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Joseph Reiley

14. MOTHER'S MAIDEN NAME

Mary E. Fahey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Loretta M. Reiley 1441 Riverside

18. E901.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CRANIOCEREBRAL INJURY

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Firehouse21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Fort Ave. & Haubert Street 24/1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 5 2 53 9.15 AM21E. INJURY OCCURRED
WHILE AT ☒ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

FELL FROM LADDER

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. H. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ May 3, 1953
MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/6/1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A.A.Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 5 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Flynn & Fleming 1426 Light St.

ADDRESS

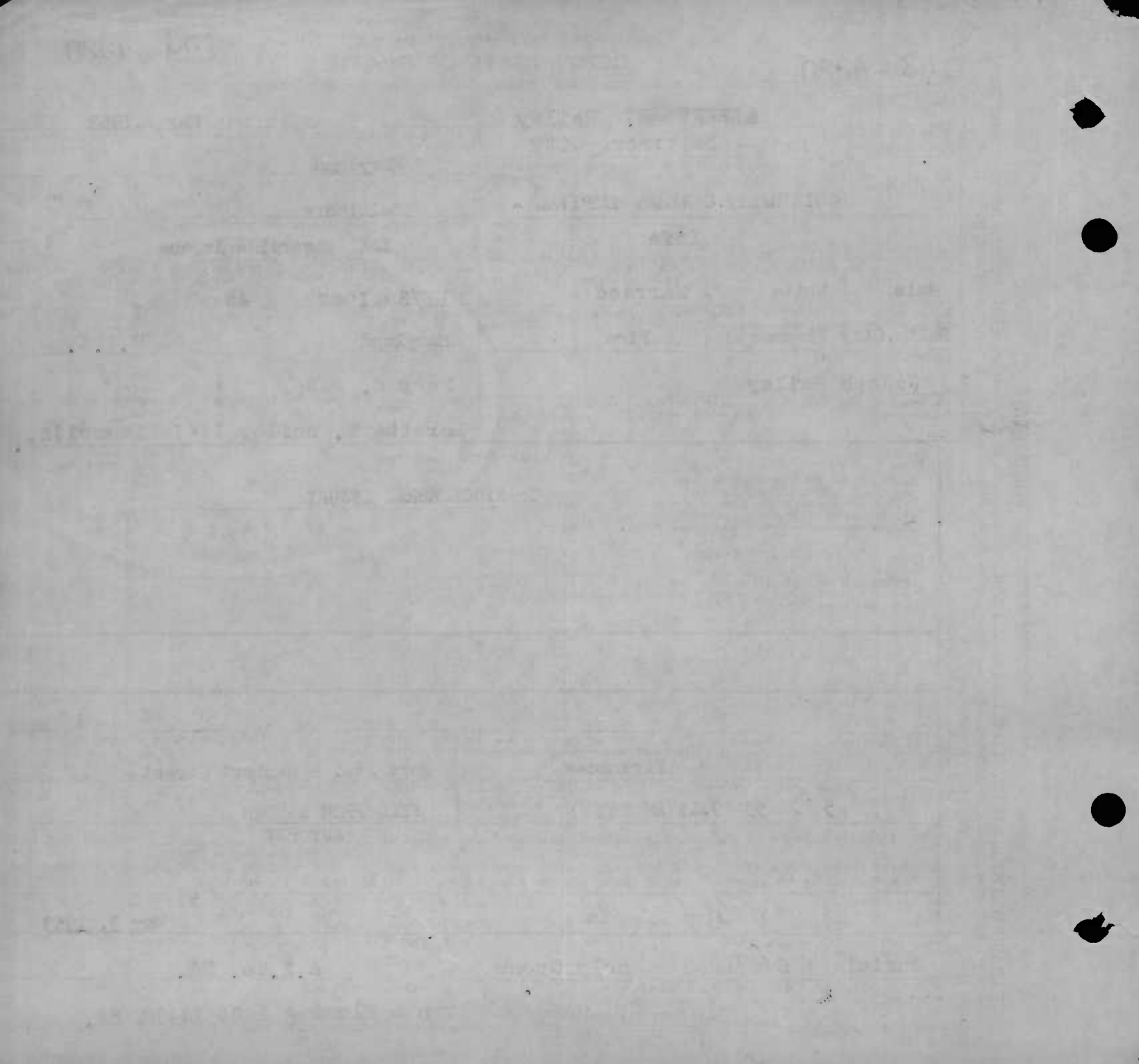
VS 151

N 851.2

76293

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4321BIRTH NO. 53 43211. NAME OF DECEASED
(Type or Print)THOMAS PETTIS2. DATE
OF
DEATH5-1-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)MarylandBaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONProvident HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore5300

c. Length of stay in Baltimore

IndefiniteYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1005 K Street R 13 Sparrow Pt.

5. SEX

Male

6. COLOR OR RACE

ed7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

May 18, 18909. AGE (In years
last birthday)62If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)unemployed10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Keyssville Va.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Clarice15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.214-10-0076

17. INFORMANT

Lizzie Walker

ADDRESS

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Glomerulo Nephritis

DUE TO

(C)

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1953, to May 1, 1953, that I last saw the
deceased alive on May 1, 1953, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

George R. Leyro

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

5-4-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 5/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Drakes Branch MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Robert G. Elliott & Daughter

ADDRESS

11297 Caroline St.

VS 150

97099

1911

STATE OF NEW YORK

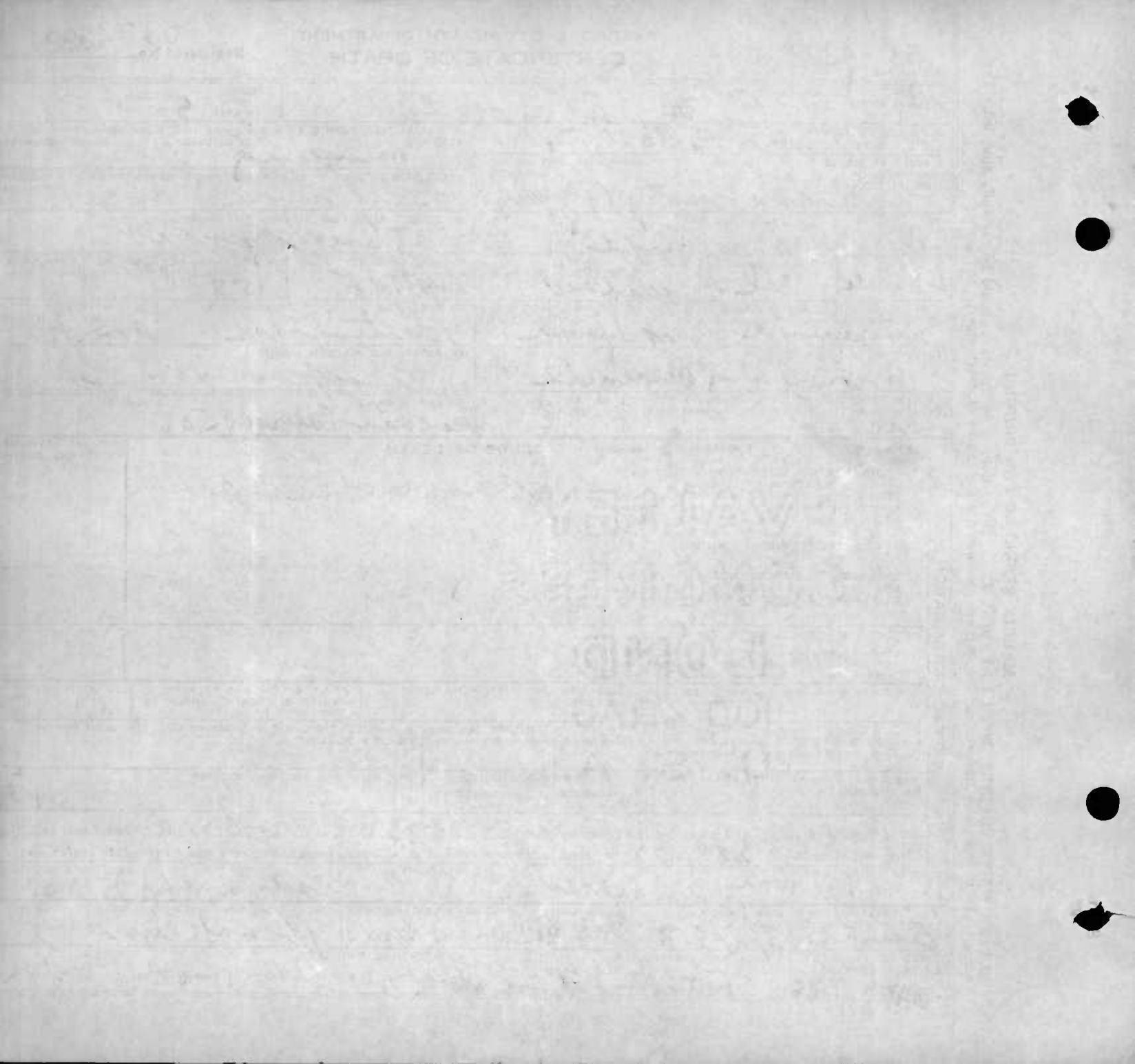
1911

IN SENATE,
January 11, 1911.
REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE,
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1909.
ALBANY:
J. B. LEECH, STATE PRINTER,
1911.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 4322		Registered No. 53 4322	
BIRTH NO.				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <i>Cole, Elizabeth</i>				2. DATE OF DEATH <i>5-3-53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>18-01</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, MD</i>			
C. Length of stay in Baltimore <i>Five</i>				D. STREET ADDRESS (If rural, give location) <i>828 Sarah Ann St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		B. DATE OF BIRTH <i>Sept. 25</i>	9. AGE (In years last birthday) <i>5-3</i>	H Under 1 Year Months: Days	H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Henry Marshall</i>				14. MOTHER'S MAIDEN NAME <i>unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>7</i>		17. INFORMANT <i>Levenia Edwards</i>		ADDRESS <i>502</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Myocardial infarction</i> DUE TO ANTECEDENT CAUSES (B) _____ DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4-27-53</i> , 19 <i>53</i> , to <i>5-3-53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5-3-53</i> , 19 <i>53</i> , and that death occurred at <i>3:47 Am.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>Harry M. Walsh</i>				23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>5-3-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/8/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Ave</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn NY</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 5 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Harrison</i>		25. FUNERAL DIRECTOR <i>Henry D. Wilson</i>		ADDRESS <i>1000 Brantigan</i>	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 4323

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wehr, Dolores

2. DATE
OF
DEATH

5/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

42 Sinai Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 10-01

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1115 Proctor St

5. SEX

female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-17-52

9. AGE (In years

last birthday)

9-13-52

11 Under 1 Year

Months: Days

6 17

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

S

11. BIRTHPLACE (State or foreign country)

Maryland -

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harold Wehr

14. MOTHER'S MAIDEN NAME

Carolyn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harold Wehr 1115 Proctor St

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculous meningitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Primary Pulmonary T.B.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ HOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4-25, 1953, to 5-4, 1953, that I last saw the deceased alive on 5-4, 1953, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William S. Parker

M. D.

23B. ADDRESS

SINAI HOSPITAL

23C. DATE SIGNED

5/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 7 1953

24C. NAME OF CEMETERY OR CREMATORY

Cath Lane

24D. LOCATION (City, town, or county)

Columbia Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 6 1953

REGISTRAR'S SIGNATURE

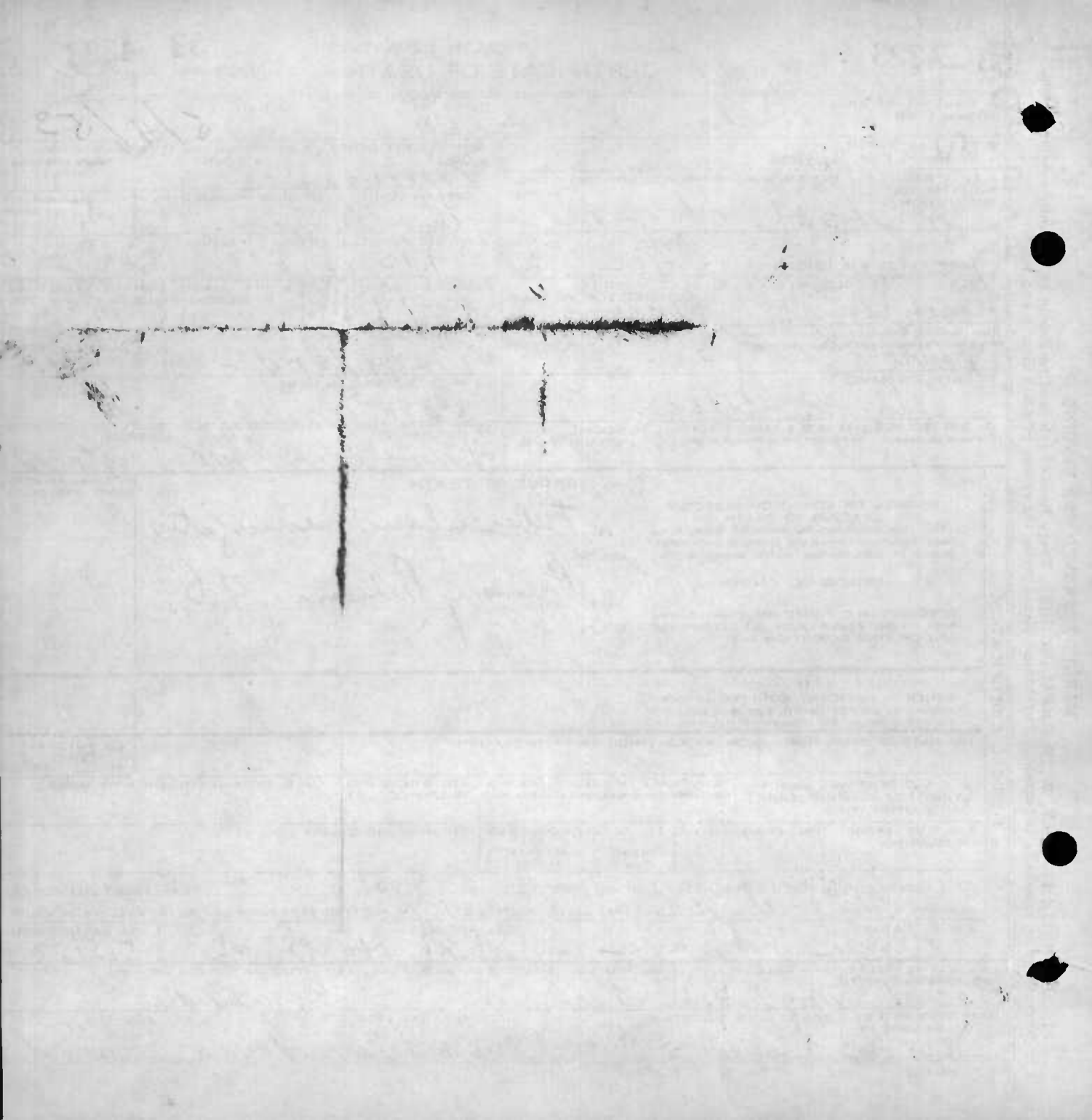
Huntington Williams, MD

25. FUNERAL DIRECTOR

Walter Funeral Home

ADDRESS

Sundall



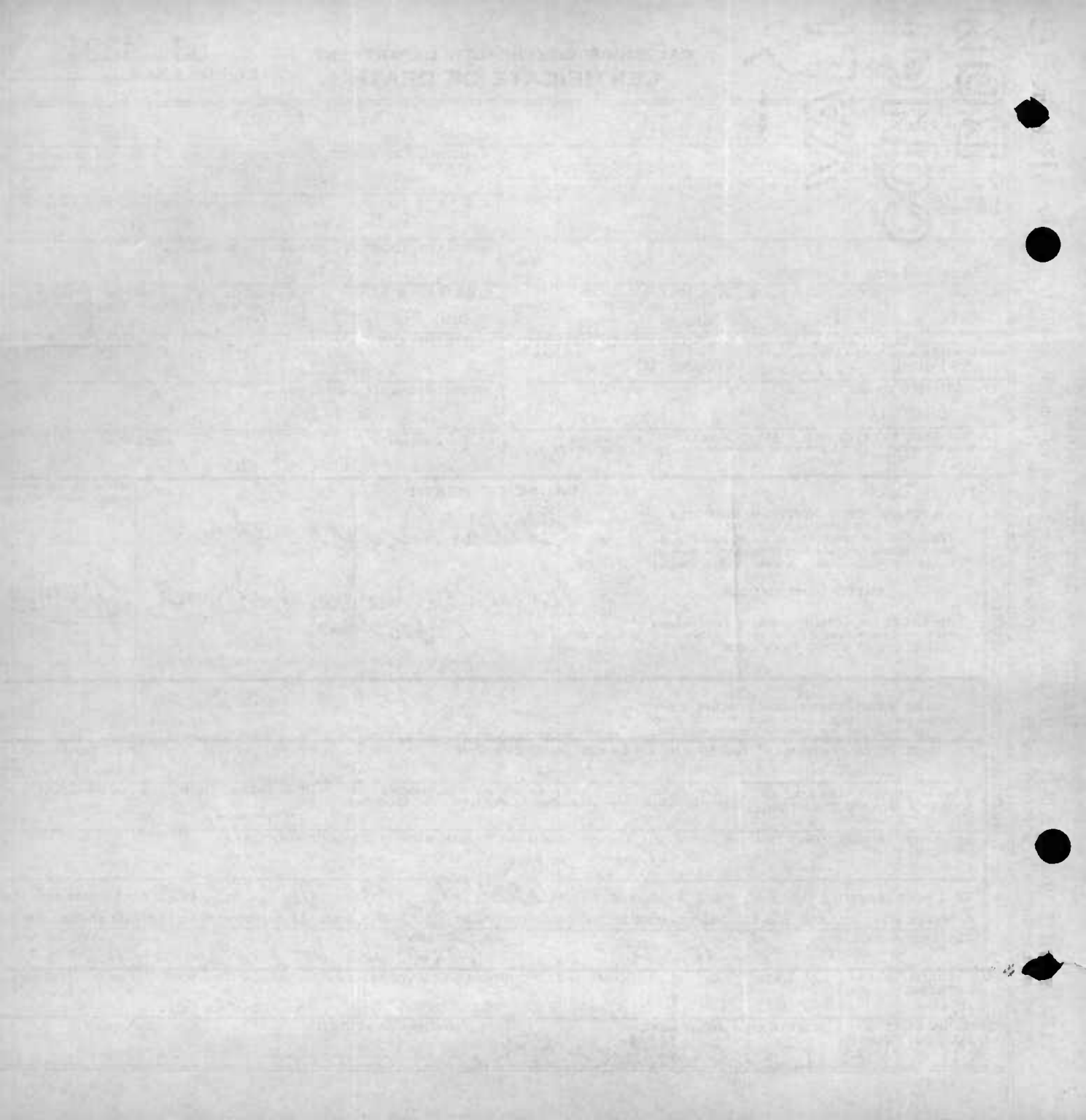
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4324
Registered No.53 4324
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN ADAM WOLF			2. DATE OF DEATH May 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3607 White Avenue			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-44		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3607 White Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1877	9. AGE (In years last birthday) 75	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY Texas Oil Co.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Adam Wolf			14. MOTHER'S MAIDEN NAME Emma Fischer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Alma Wolf 3607 White Ave.		

MEDICAL CERTIFICATION

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) General Carcinomatous (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH April 1952
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Adeno Carcinoma of Stomach (operation) (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 27, 1953 , to May 2, 1953 , that I last saw the deceased alive on May 2, 1953 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE James S. White M. D.		23B. ADDRESS 5214 Harford Rd.		23C. DATE SIGNED 4 May 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 6, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR MAY 6 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St.	



53 4325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4325

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr Morris Mondel

2. DATE
OF
DEATH

5-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

70 Leimondale Aged Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-17

c. Length of stay in Baltimore

43 yrs.

D. STREET ADDRESS (If rural, give location)

Leimondale Aged Home

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1860

9. AGE (In years
last birthday)

92

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Matilda Tocker - 3917 Parkway Rd

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Arteriosclerosis

(C)

Gen. Arteriosclerosis

1 year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Bronchitis, Emphysema

years

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 16, 1948, to 5-5, 1953, that I last saw the
deceased alive on 5-5-1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome J. Blumberg

M. O.

23B. ADDRESS

Leimondale Home

23C. DATE SIGNED

5-5-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/6/53

24C. NAME OF CEMETERY OR CREMATORY

Adas Israel Beth Israel

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Levinson

ADDRESS

1202-1124-26

TO THE
HONORABLE
MEMBERS OF THE
LEGISLATIVE ASSEMBLY
OF THE PROVINCE OF ONTARIO
IN SESSION AT TORONTO
ON OCTOBER 10, 1950

REPORT
OF THE
COMMISSIONER OF THE
LAND OFFICE
ON THE
LANDS BELONGING TO THE
PROVINCE OF ONTARIO
FOR THE YEAR 1949-50

53 4326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4326

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isidore Resnikoff

2. DATE
OF
DEATH

May 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Pimlico Race Track

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-11

D. STREET ADDRESS (If rural, give location)

3622 Dolfeld Avenue

c. Length of stay in Baltimore

45 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 21, 1890

9. AGE (In years,
last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work constituting most of working life, even if retired)

Retired Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Morris Resnikoff

14. MOTHER'S MAIDEN NAME

Miriam?

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Milton Resnikoff - 3825 Glenlye Avenue

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

5 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Heart Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 1944, to May 1953, that I last saw the deceased alive on April 25, 1953, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/6/53

Agudas Achim Burial Park

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 6 1953

Huntington Williams, M.D. Sch. Linton + Bros - 1124-26

1952

BALTIMORE HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Race		5. Date of Death		6. Time of Death		7. Place of Death		8. Cause of Death		9. Manner of Death		10. Signature of Physician		11. Signature of Registrar		12. Signature of Coroner	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4327BIRTH NO. 53 4327

1. NAME OF DECEASED (Type or Print) <u>Frank Silverman</u>			2. DATE OF DEATH <u>May 4, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 Market Place</u>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 4-01</u>		
7. Length of stay in Baltimore <u>Life</u>			8. STREET ADDRESS (If rural, give location) <u>104 Market Place</u>		
9. SEX <u>Male</u>	10. COLOR OR RACE <u>White</u>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	12. DATE OF BIRTH <u>1898</u>		13. AGE (In years last birthday) <u>54</u>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bar Tender</u>		15. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>		16. BIRTHPLACE (State or foreign country) <u>Baltimore, Md</u>	
17. FATHER'S NAME <u>Samuel Silverman</u>			18. MOTHER'S MAIDEN NAME <u>Rebecca</u>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>			20. SOCIAL SECURITY NO. <u>213-12-4144</u>		21. INFORMANT <u>Sydney Kaplan</u>
22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Occlusion</u>			23. INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Atherosclerosis</u>			25. ?		
26. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
27. DATE OF OPERATION <u>5</u>		28. MAJOR FINDINGS OF OPERATION		29. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
30. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
33. TIME (Month) (Day) (Year) (Hour) OF INJURY		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		35. HOW DID INJURY OCCUR?	
36. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>48</u> to <u>May 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>April 31</u> , 19 <u>53</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.					
37. SIGNATURE <u>Harold Shprintz</u>		38. ADDRESS <u>3100 Garrison Blvd.</u>		39. DATE SIGNED <u>5/5/53</u>	
40. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		41. DATE <u>5/6/53</u>		42. NAME OF CEMETERY OR CREMATORY <u>Abraham Shalom</u>	
43. LOCATION (City, town, or county) <u>Baltimore, Maryland</u>		44. REGISTRAR'S SIGNATURE <u>Huntington</u>		45. FUNERAL DIRECTOR <u>Ed. Linnson</u>	
46. DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 6 1953</u>		47. ADDRESS <u>Broz - 1124-26 W. North Avenue</u>		48. <u>750 6M</u>	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

1941

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RVJ 169784

53 4328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4328

1. NAME OF DECEASED
(Type or Print)

Dorothy Luckhardt

2. DATE OF DEATH
5-3-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
Maryland
B. COUNTY
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 1-01

c. Length of stay in Baltimore

10 yrs.

D. STREET ADDRESS (If rural, give location)
723 South Ellwood Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 27, 1912

9. AGE (in years last birthday)

40

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Arthur Green

14. MOTHER'S MAIDEN NAME

Hetta Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B.C.H. 4940 Eastern Ave. 'recrods'

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis, lungs, liver, spleen

DUE TO

ANTECEDENT CAUSES

(B) Primary Carcinoma, left Breast

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 - 23 - 1953 to 5 - 3 - 1953, that I last saw the deceased alive on 5 - 3 - 1953, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Jones, M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-3-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-6-53

24C. NAME OF CEMETERY OR CREMATORY

Schwartz 1a

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 6 1953

REGISTRAR'S SIGNATURE

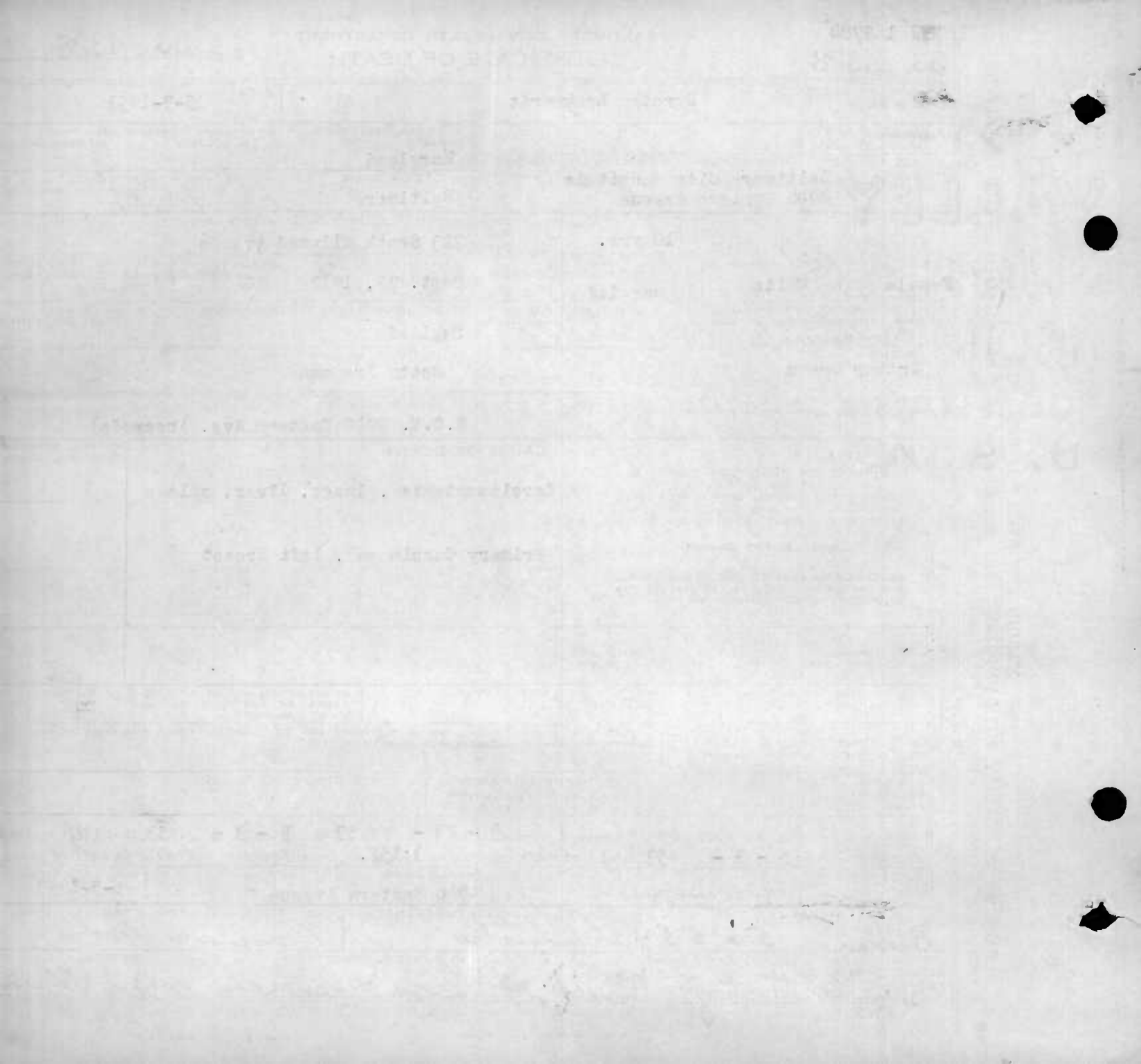
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lilly + Zeller ch.

ADDRESS

403 S. W. 1st St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4329

BALTIMORE CITY HEALTH DEPARTMENT

53 4329

Registered No.

BIRTH NO. 52-03823

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) LENWOOD N. McNEELY		2. DATE OF DEATH MAY 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1042 PARKSLEY Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give town name) BALTIMORE 25-52	
c. Length of stay in Baltimore 14 mos		D. STREET ADDRESS (If rural, give location) 1042 PARKSLEY Ave	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-14-1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 If Under 1 Year Months: Days 2 20 If Under 24 Hours Hours: Min.
13. FATHER'S NAME LENWOOD N. McNEELY		11. BIRTHPLACE (State or foreign country) BALTIMORE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME FLORA E. McNEELY	
17. INFORMANT Mr. L. N. McNEELY		ADDRESS 1042 PARKSLEY Ave.	
18. 355X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) PNEUMONIA DUE TO ANTECEDENT CAUSES (B) CEREBRAL ATROPHY DUE TO (C) CIRCLEXIA		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/1 , 19 52 , to 5/4 , 19 53 ; that I last saw the deceased alive on 5/4 , 19 53 , and that death occurred at 11 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE John H. Shaw		23B. ADDRESS 701 Charing Cross Rd	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-6-53	
24C. NAME OF CEMETERY OR CREMATORY BALTO. NATIONAL CEM		24D. LOCATION (City, town, or county) (State) BALTO. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 6 1953		25. FUNERAL DIRECTOR G. Truman Schwalb	
REGISTRAR'S SIGNATURE Huntington Williams, Jr.		ADDRESS 3512 FREDERICK Ave.	

UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

RECEIVED
JAN 11 1968
FBI
WASHINGTON, D.C.

100

100

100

100

100

100

53 4330

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4330

1. NAME OF DECEASED
(Type or Print)

Plunkert, Vera

2. DATE
OF
DEATH

5/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Howard

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ellicott City

6300

D. STREET ADDRESS (If rural, give location)

76 Columbia Pike

c. Length of stay in Baltimore

2

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Jan. 9, 1897

9. AGE (In years last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Louis H. Wotz

14. MOTHER'S MAIDEN NAME

Minnie L. Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Vera Perkins

ADDRESS

Columbia Rd Ellicott City

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral thrombosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 5/3/1953 to 5/5/1953, that I last saw the deceased alive on 5/5/1953, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Fabian Espinosa

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

5/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-8-53

24C. NAME OF CEMETERY OR CREMATORY

Lord Shepherd

24D. LOCATION (City, town, or county)

Ellicott City

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F. C. Eigenbotham

ADDRESS

Ellicott City

Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4331		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4331 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ALBERT C. BRANDT		MAY 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 603 ST DUNSTONS ROAD		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE CITY 27-48		D. STREET ADDRESS (If rural, give location) 603 ST DUNSTONS ROAD	
c. Length of stay in Baltimore		5. SEX MALE		6. COLOR OR RACE WHITE	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 19, 1888		9. AGE (In years, last birthday) 65	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10B. KIND OF BUSINESS OR INDUSTRY FIRE DEPT BALTO		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME ALBERT H. BRANDT		14. MOTHER'S MAIDEN NAME ELIZABETH C. BUTZLER		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ALBERT H. BRANDT	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS		CAUSE OF DEATH (A) CORONARY THROMBOSIS - Immediate		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CORONARY ARTERY DISEASE		DUE TO (C) CORONARY ARTERY DISEASE		?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none					
19A. DATE OF OPERATION none		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED ✓		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II ✓	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from May 5, 1953, to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 4:22 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Frank H. Oden		23B. ADDRESS 2701 N. Calvert St.		23C. DATE SIGNED May 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 8 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town or county) Balt. Md		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 6 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Henry M. Jenkins & Sons 64905 York Rd		24H. ADDRESS		24I. VS 150	

54493

Dr. Frank N Ogdon
2701 N Calvert St

5-530 4332 (Napierovich)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4332
Registered No.

1. NAME OF DECEASED (Type or Print) SMITH, Johanna Rose

2. DATE OF DEATH 4 May 53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore -

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE MD. B. COUNTY Balto City

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Hospital Women Marylnd

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-10

7. STREET ADDRESS (If rural, give location)
423 N. Clinton - 24

8. Length of stay in Baltimore 48 Yrs. Mos. Days

9. SEX F 10. COLOR OR RACE W 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

12. DATE OF BIRTH 25 June 1904 13. AGE (In years last birthday) 47

14. BIRTHPLACE (State or foreign country) Maryland 15. CITIZEN OF WHAT COUNTRY? US A

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 17. KIND OF BUSINESS OR INDUSTRY -

18. FATHER'S NAME Frank Dietrich 19. MOTHER'S MAIDEN NAME Catherine Malloy

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO 21. SOCIAL SECURITY NO. -

22. INFORMANT Wm Smith 23. ADDRESS 423 N. Clinton St Balto - 24 - Md

18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Renal insufficiency due to chronic glomerulo nephritis

24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Broncho-pneumonia.

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?

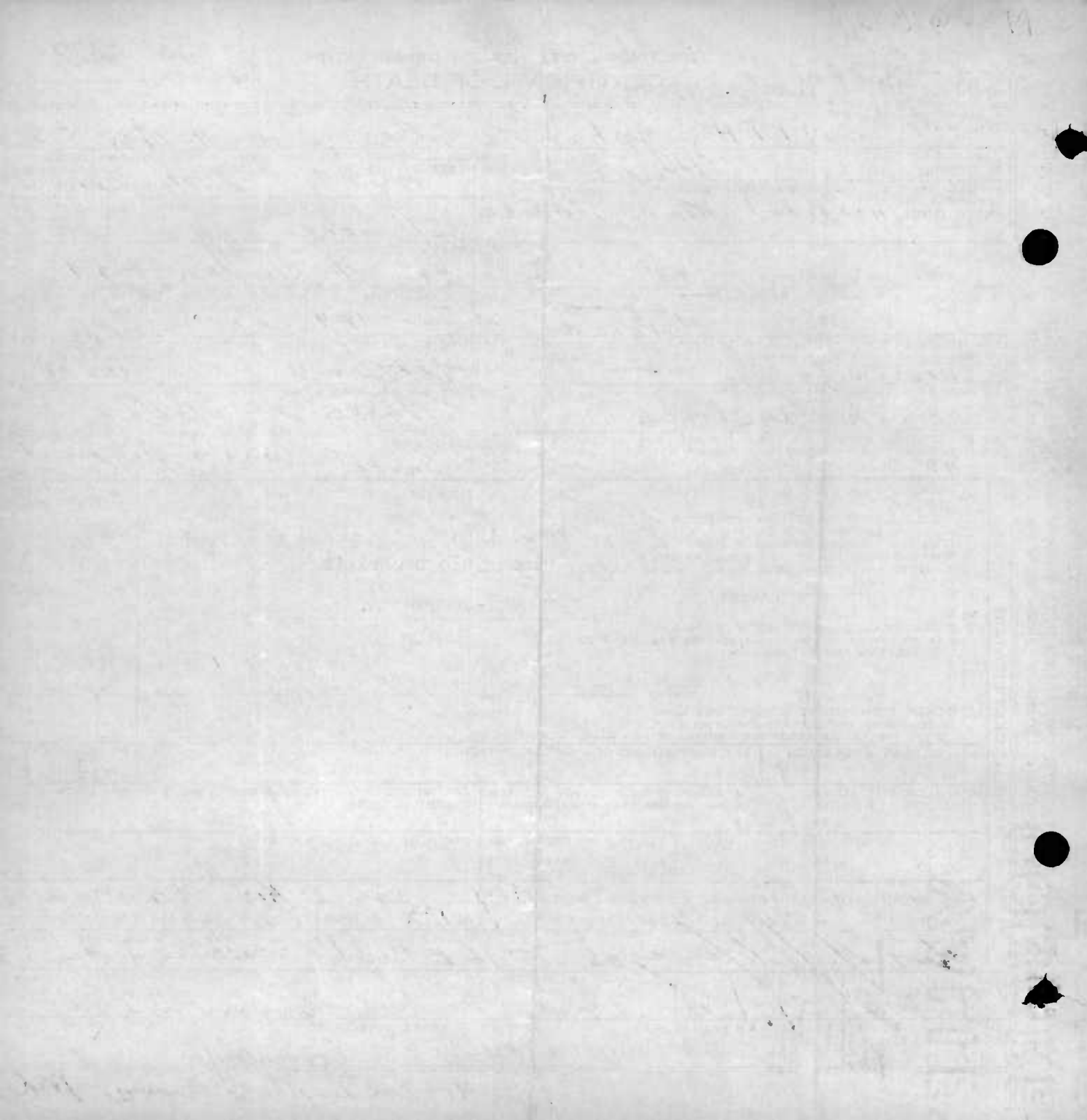
22. I hereby certify that I attended the deceased from May 1952 to 3 May 1953 that I last saw the deceased alive on 3 May 1953 and that death occurred at 1:55 m., from the causes and on the date stated above.

23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR 25. FUNERAL DIRECTOR ADDRESS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4333

53 4333

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Mike Solomon2. DATE
OF
DEATHMay 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md. BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONSt. Agnes HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Balto. #19 (20) Edgemere

D. STREET ADDRESS (If rural, give location)

Box 665 (2502 N Agnes Cr.)

C. Length of stay in Baltimore

30 yrs.Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M

8. DATE OF BIRTH

1-30-889. AGE (in years
last birthday)64If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Restaurant owner10B. KIND OF BUSINESS OR
INDUSTRYRetired

11. BIRTHPLACE (State or foreign country)

Greece12. CITIZEN OF
WHAT COUNTRY?Greece

13. FATHER'S NAME

Steve Solomon

14. MOTHER'S MAIDEN NAME

Mary15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Steve Solomon (Son)18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Cardio-respiratory failure
Heart Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Myocardial degeneration

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23, 1952 to 5-5, 1953, that I last saw the
deceased alive on 5-5, 1953 and that death occurred at 10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George Stein

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5-5-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

May 8-53

24C. NAME OF CEMETERY OR CREMATORY

Greek Orthodox

24D. LOCATION (City, town, or county)

Woodlawn

(State)

Balto. Md.DATE RECEIVED BY
LOCAL REGISTRARMAY 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Connelley

ADDRESS

Emory

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 10, 1907.

REPORT
OF THE
ATTORNEY GENERAL,
JAMES C. CLARK,
FOR THE YEAR 1906.

ALBANY:
JAMES C. CLARK, ATTORNEY GENERAL,
1907.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE AMENDED 5/22/53
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4334
Registered No.

4334

1. NAME OF DECEASED (Type or Print) <i>William L. Horn</i>			2. DATE OF DEATH <i>5/5/53</i>		
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1228 Carroll St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-02</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1228 Carroll St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1/19/1884</i>	9. AGE (in years last birthday) <i>69</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sheet Metal worker</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>B & O RR</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Patrick Horn</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Holland</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>			16. SOCIAL SECURITY NO. <i>-</i>		
17. INFORMANT <i>Mrs Mary E. Horn</i>			ADDRESS <i>1228 Carroll</i>		
18. <i>231X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute myocardial failure</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Tumor of lung</i>			(B) <i>2</i>		
(C) <i>(Diagnosed by X-ray, histology not established)</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1952</i> , 19 <i>53</i> , to <i>5/5</i> , 19 <i>53</i> that I last saw the deceased alive on <i>5/4</i> , 19 <i>53</i> , and that death occurred at <i>4 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. H. H.</i>			23B. ADDRESS <i>3921 Edmond</i>		23C. DATE SIGNED <i>5/6/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/9/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park Cem.</i>		24F. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 6 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John J. Corvan & Son</i>	
ADDRESS <i>Hollis</i>					

591 50

See query reply in Document File

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4335
Registered No.

53 4335

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Nadarzynski, Frances			2. DATE OF DEATH May 4, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY						
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02						
c. Length of stay in Baltimore 60 yrs			D. STREET ADDRESS (If rural, give location) 420 S. Wolfe St.						
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) 68		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife.			10B. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jacob Jeskiewicz			14. MOTHER'S MAIDEN NAME Maryanna Gawronska			17. INFORMANT Mr. Thomas Nadarzynski, 3722 Clarenell Rd.			ADDRESS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -			17. ADDRESS			
18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO			CAUSE OF DEATH						INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of the cervix DUE TO									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 27 , 19 53 to May 4 , 19 53 , that I last saw the deceased alive on May 4 , 19 53 , and that death occurred at 7:00p.m. , from the causes and on the date stated above.									
23A. SIGNATURE <i>E. P. [Signature]</i>			23B. ADDRESS M. D. 1400 N. Caroline St.			23C. DATE SIGNED May 4, '53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/7/53		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary		24D. LOCATION (City, town or county) Baltimore,		(State) Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAY 6 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR F. SADOWSKI & SONS, 1808 EASTERN AVENUE		ADDRESS			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

53		M-342 M33320		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4336 Registered No.	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)				Joseph A. Matulewicz - Mathews		2. DATE OF DEATH May 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4515 Bowleys Lane				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 4515 Bowleys Lane			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 17, 1866	9. AGE (In years last birthday) 87	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tailor	11. BIRTHPLACE (State or foreign country) Lithuania	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?				14. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT Mrs. Eva Matulewicz (Mathews)				ADDRESS same			
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1 CAUSE OF DEATH Cerebral Ischemia Arteriosclerotic Arterio Vascular Disease Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prostatic Hypertrophy - Uremia				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 1952 to May 5, 1953 that I last saw the deceased alive on May 4, 1953 and that death occurred at 7:54 p. m., from the causes and on the date stated above.							
23A. SIGNATURE J. S. Edwards				23B. ADDRESS 3400 Erdman Ave		23C. DATE SIGNED 5/5/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-8-1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY MAY 6 1953		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Leonard J. Ruck		ADDRESS 5305 Harford Road.	

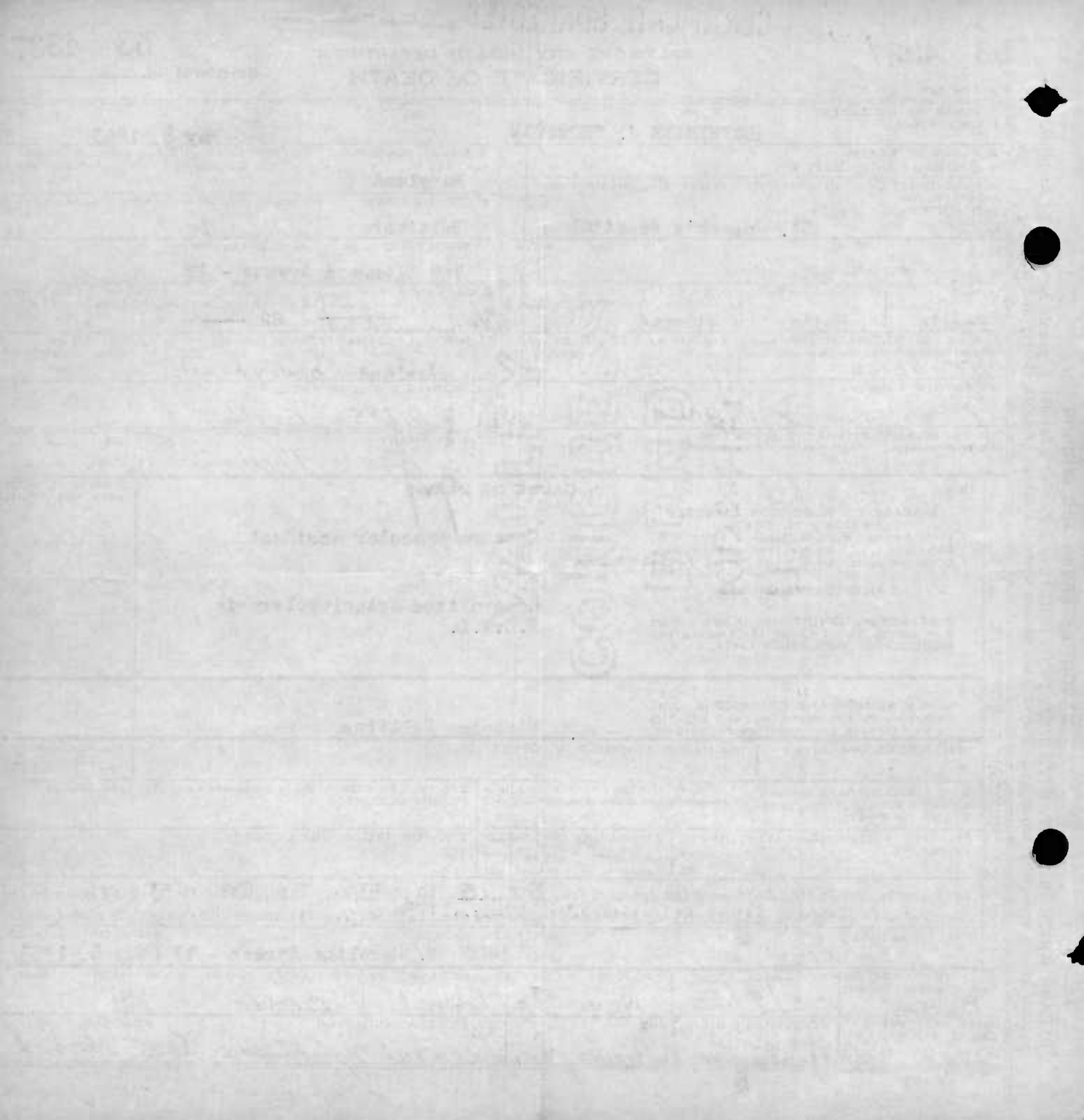
Dr. Stevens
Erdman & Mannasota

6:30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

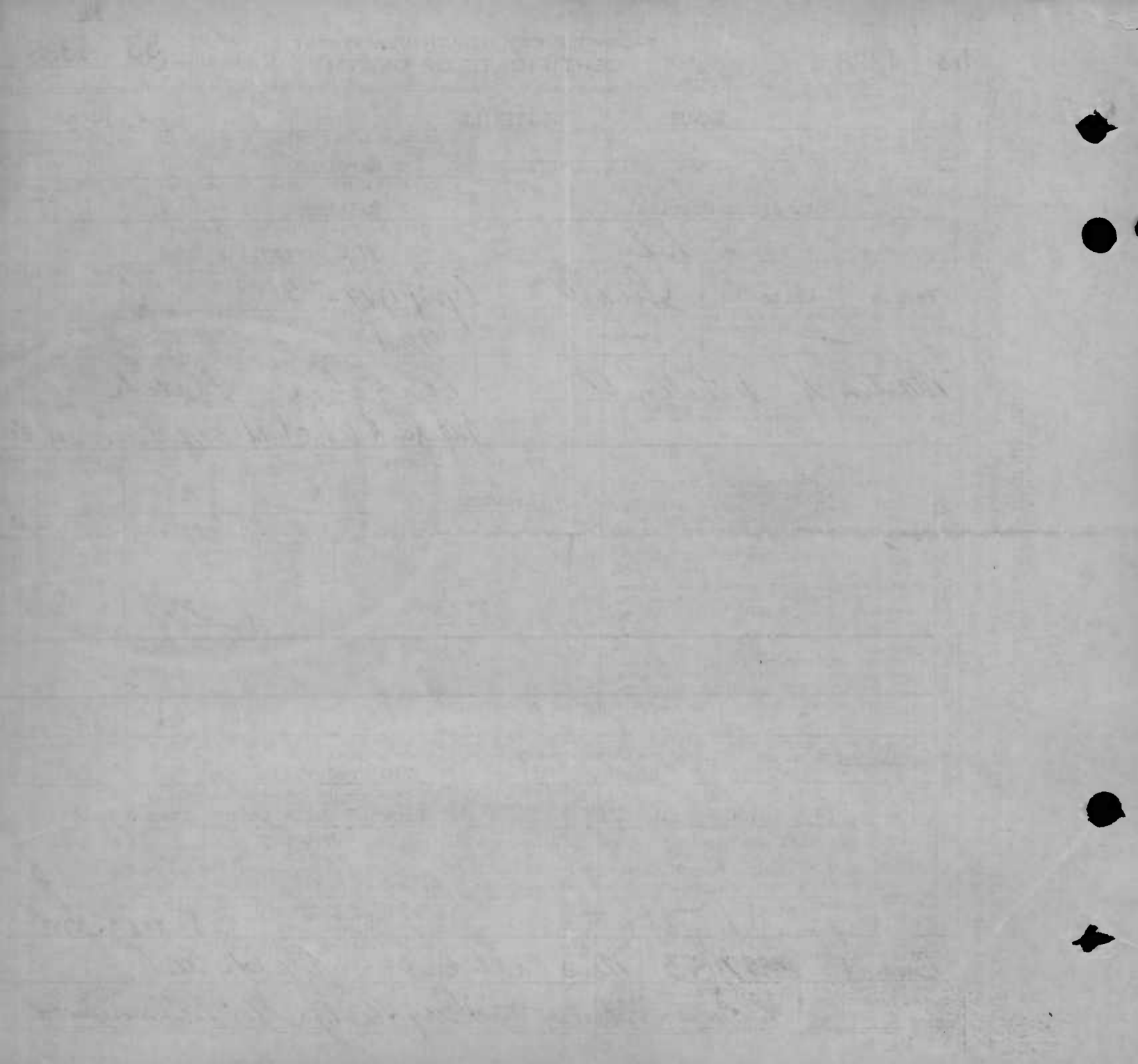
53T-653 4337		CERTIFICATE CORRECTED BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		5-18-53 53 4337 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
KATHERINE . THORNTON			May 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			A. STATE Maryland		
St. Joseph's Hospital			B. COUNTY		
c. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Baltimore		
5. SEX			D. STREET ADDRESS (If rural, give location)		
Female			709 Glenwood Avenue - 12		
6. COLOR OR RACE			8. DATE OF BIRTH		
White			1870		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			9. AGE (In years last birthday)		
Widowed			Nov. 1 - 1869 82 83-		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
AT Home			Ireland - County Louth		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
PATRICK Magee			ROSANNE KING		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS		
			Miss FAYNES THORNTON - GLENWOOD 709		
1B. 443X and 260X			CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Cerebro-vascular accident		
DUE TO					
ANTECEDENT CAUSES			(B) Generalized arteriosclerosis		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			H. C. V. D.		
DUE TO					
(C)					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Diabetes Mellitus		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 5 th, 1953, to May 6th, 1953 that I last saw the deceased alive on May 6th 19 53, and that death occurred at 1:25a m., from the causes and on the date stated above.					
23A. SIGNATURE			23B. ADDRESS		
Charles Forno P.			1400 N. Caroline Street - 13		
M. D.			23C. DATE SIGNED		
			May 6, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		5/9/53		New Cathedral	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
MAY 6 1953		Huntington Williams, M.D.		BALTO Md	
25. FUNERAL DIRECTOR			ADDRESS		
Leonard J. Ruck			5305 Harford		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-340		BALTIMORE CITY HEALTH DEPARTMENT		53 4338	
53 4338 53-08258		CERTIFICATE OF DEATH		Registered No. 53 4338	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		NANCY WHITEHILL		May 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE		B. COUNTY	
St. Agnes Hospital		Maryland			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Life		Baltimore		25-41	
D. STREET ADDRESS (If rural, give location)		3710 Greenville Road		Greenville Rd.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	White	Single	April 1, 1953		1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Martin H. Whitehill		Angeline Glatch			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Martin H. Whitehill 3710 Greenville Rd	
18. <u>E929.0</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Drowning			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		Home		3710 Greenville Road	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
May 5, 1953 9:00 A.m.		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		Drowned while being given a bath	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED	
William V. L. [Signature]		M.D.		May 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		May 7, 1953		New Cathedral	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore Md		Harry H. Witzke		4101 Elmwood Rd	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. ADDRESS	
MAY 6 1953		Huntington Williams, M.D.			
151		N 990X			

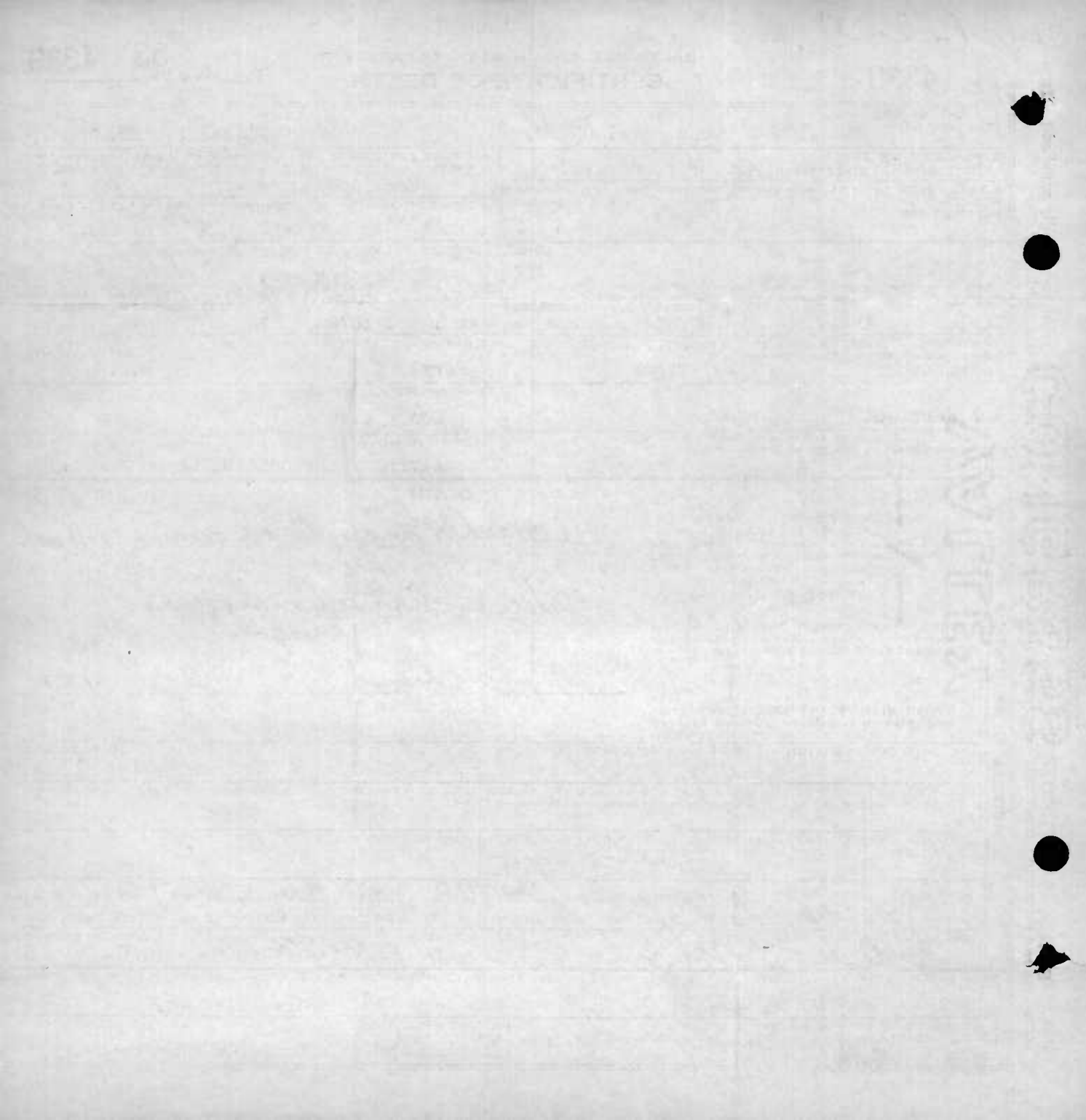


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4339
Registered No.

53 4339

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMORY YOUNG HARRISON SR.			2. DATE OF DEATH MAY 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4201 Bayonne Ave.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence) A. STATE Maryland B. COUNTY before admission		
B. FULL NAME OF HOSPITAL OR INSTITUTION 80			C. CITY OR TOWN (If outside corporate limits, write R.R.A., and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 4201 Bayonne Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15, 1876	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman		10B. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ? Harrison			14. MOTHER'S MAIDEN NAME Don&t know		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Alvina Harrison 4201 Bayonne Ave.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Occlusion DUE TO Arteriosclerotic Cardiovascular Disease DUE TO Hypertension DUE TO 1952			INTERVAL BETWEEN ONSET AND DEATH 1 hour		
19. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 10, 1945 , to May 5, 1953 , that I last saw the deceased alive on May 5, 1953 , and that death occurred at 4:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel B. Wolfe		23B. ADDRESS 1331 E. North Ave.		23C. DATE SIGNED 5-5-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 8, 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Parkville, Md.		25. FUNERAL DIRECTOR ADDRESS Ulrich Funeral Home 2008 Orleans S.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 6 1953		REGISTRAR'S SIGNATURE Huntington Williams			



PEARCE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 4340

P-620
53 4340
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Pearce, Mr James</u>			2. DATE OF DEATH <u>5-5-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Church Home & Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 24</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>2202 Woodrow Ave</u> <u>5300</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-23-1900</u>	9. AGE (in years last birthday) <u>53</u>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>shop</u>		
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>John Pearce</u>			14. MOTHER'S MAIDEN NAME <u>Lige Soney</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>216-07-6323</u>		
17. INFORMANT <u>Patien</u>			ADDRESS		

18. 420.1 I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
5 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>5-5-53</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-28-1953 to 5-5-1953, that I last saw the deceased alive on 5-5-1953, and that death occurred at 9:41 a.m., from the causes and on the date stated above.

23A. SIGNATURE [Signature] 23B. ADDRESS Church Home & Hospital 23C. DATE SIGNED 5-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 8/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Meadow Ridge</u>		24D. LOCATION (City, town, or county) (State) <u>Howard Co</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 6 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Ullrich Funeral Home</u>		ADDRESS <u>2112 Dundalk Ave.</u>	

6-51-20-26

COMMUNICATIONS SECTION

TO: SAC, NEW YORK (100-100000) FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

THROUGH: [Illegible]

BY AIR: [Illegible]

BY MAIL: [Illegible]

BY TELETYPE: [Illegible]

BY TELEPHONE: [Illegible]

BY FAX: [Illegible]

BY OTHER: [Illegible]

BY [Illegible]

BY [Illegible]

BY [Illegible]

BY [Illegible]

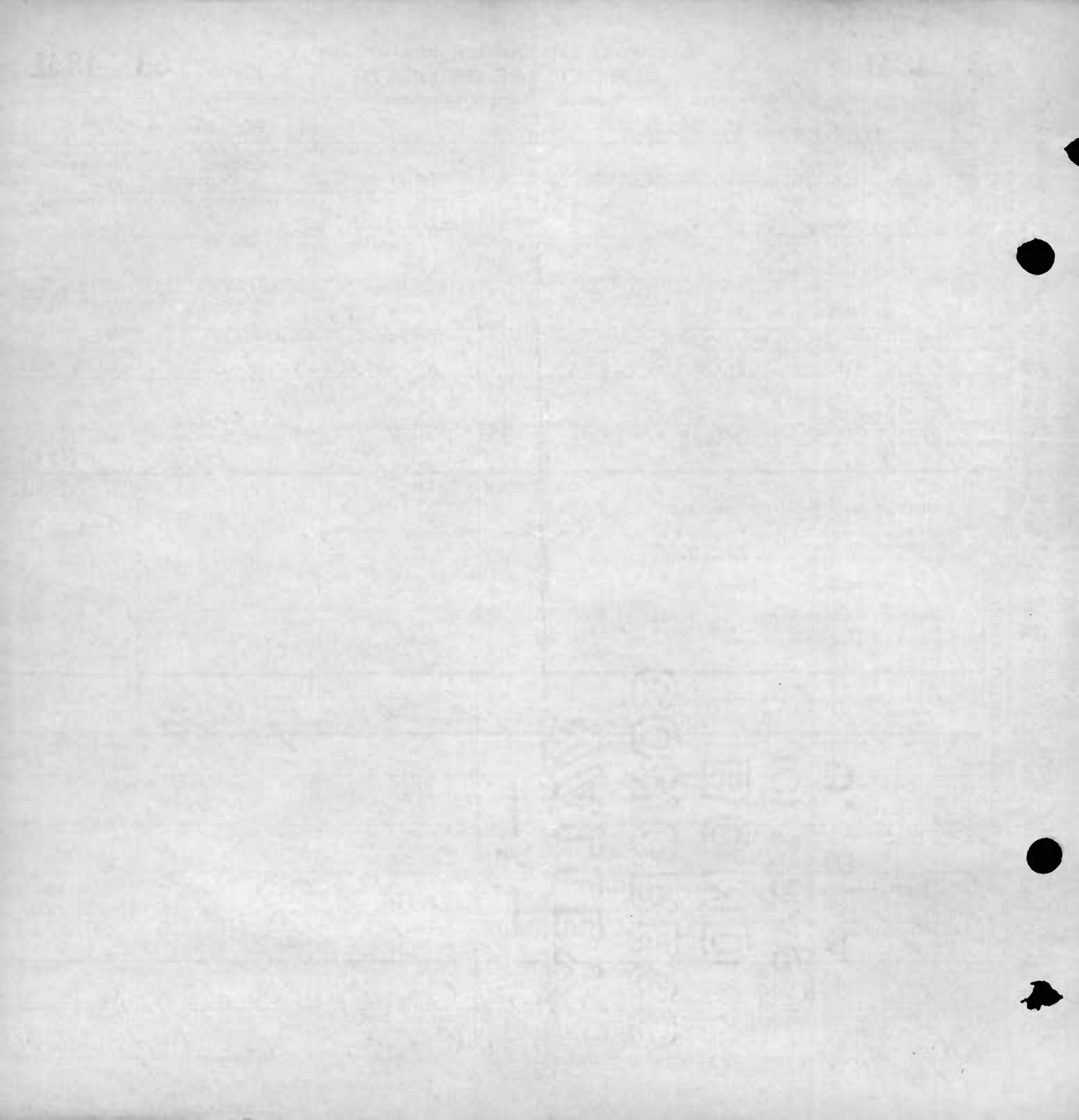
BY [Illegible]

P 620
53 4341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4341

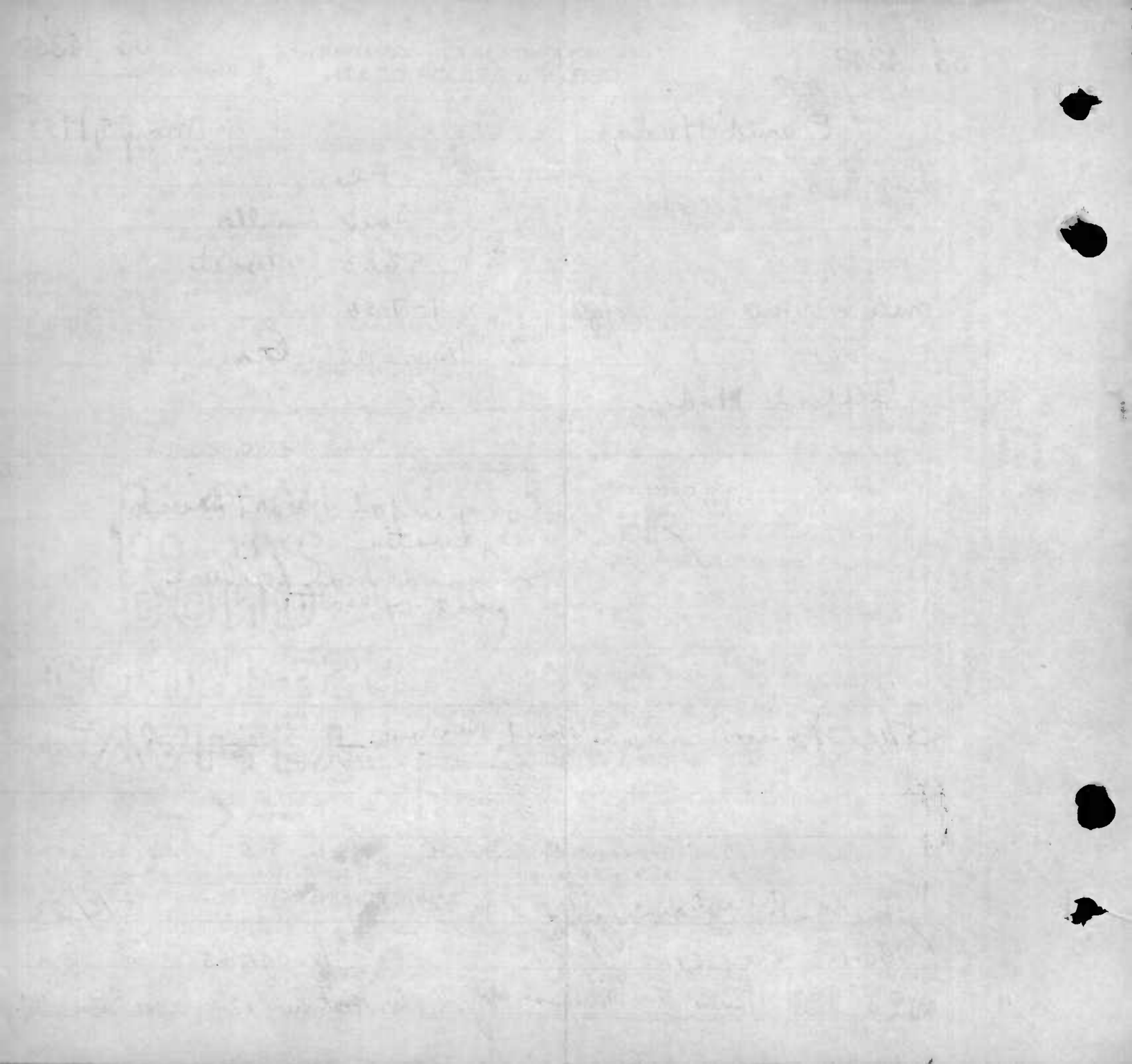
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Arthur C. Price</i>		2. DATE OF DEATH <i>5/6/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>HARFORD</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland Gen Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>EDGEWOOD</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>6200</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>wh.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>JUNE 22, 1882</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TRACKMAN</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>PO. R. R.</i>	11. BIRTHPLACE (State or foreign country) <i>HARFORD CO., MD.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>FRANK PRICE</i>		14. MOTHER'S MAIDEN NAME <i>— PRIESTLY</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT ADDRESS <i>RICHARD PRICE EDGEWOOD MD</i>	
18. <i>177X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Lung</i>		CAUSE OF DEATH (A) <i>Carcinoma of Lung</i> DUE TO (B) <i>—</i> DUE TO (C) <i>—</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 mo</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Prostate & Urinary Retention</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/5</i> , 19 <i>53</i> , to <i>5/6</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5/6</i> , 19 <i>53</i> , and that death occurred at <i>12:35 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>B. E. Bryant</i>		23B. ADDRESS <i>M. D. 1401 S. 1st St</i>		23C. DATE SIGNED <i>5/6/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>MAY 9, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>CARLESBURY CEM</i>	
24D. LOCATION (City, town, or county) (State) <i>ABINGDON, MD</i>		24E. NAME OF CEMETERY OR CREMATORY <i>ABINGDON, MD</i>		24F. LOCATION (City, town, or county) (State) <i>ABINGDON, MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 6 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>H. K. Mc COMBS & Son ABINGDON, MD</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. <i>53 4342</i>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4342 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>David Hodge</i>			2. DATE OF DEATH <i>May 5, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Fla.</i> B. COUNTY <i>V-08</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Jacksonville</i>		
D. STREET ADDRESS (If rural, give location) <i>5203 Center St.</i>					
c. Length of stay in Baltimore <i>7</i> Mos. Days					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1-7-53</i>		9. AGE (In years last birthday) <i>3</i> Months <i>28</i> Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONP</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Douglas, Ga.</i>	
13. FATHER'S NAME <i>Clifford Hodge</i>			14. MOTHER'S MAIDEN NAME <i>Dorris</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Congenital Heart Disease</i> DUE TO <i>cardiogenic</i> (B) <i>myocardial failure,</i> DUE TO <i>post-operative</i> (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>5/1/53 (prior)</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>congen. Heart Disease</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-29</i> , 1953, to <i>5-5</i> , 1953, that I last saw the deceased alive on <i>5-5</i> , 1953, and that death occurred at <i>5:15 p.m.</i> , from the causes and on the date stated above					
23A. SIGNATURE <i>James V. Maloney Jr.</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5/6/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>MAY 8, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Douglas, GA.</i>		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 6 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>John O. Mitchell Sons 1900 Eutaw Pl.</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 4343
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4343

1. NAME OF DECEASED (Type or Print) CHARLES HENRY YAGER			2. DATE OF DEATH MAY 5 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION BALTIMORE City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 19-03		
6. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 1314 HOLLINS ST.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 3, 1901	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith Helper			10B. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME HENRY YAGER			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NONE			14. MOTHER'S MAIDEN NAME ELIZABETH WALL		
16. SOCIAL SECURITY NO. P			17. INFORMANT ADDRESS MILDRED YAGER 1314 HOLLINS ST.		
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO (A) arteriosclerosis (B) hypertension DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. hypertension DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Cerebral Hemorrhage DUE TO (A) arteriosclerosis (B) hypertension DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 3 hrs		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug , 19 51 , to May , 19 53 , that I last saw the deceased alive on 5 May , 19 53 , and that death occurred at 10:15 am. , from the causes and on the date stated above.					
23A. SIGNATURE H. H. Bayliss			23B. ADDRESS 1600 Wilkins Ave		23C. DATE SIGNED 5 May 53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 8 1953	24C. NAME OF CEMETERY OR CREMATORY MT. OLIVET		24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1953		REGISTRAR'S SIGNATURE Huntington W. Hanna		25. FUNERAL DIRECTOR ADDRESS George L. Schwab 2101 Frederick Ave	

CHURCH

IN

STATE OF NEW YORK

CERTIFICATE OF DEATH

IN SENATE

January 1, 1900

Attest

Secretary

State

of New York

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4344
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Ludwig) Louis LUH

2. DATE
OF
DEATH

5-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 19-04

D. STREET ADDRESS (If rural, give location)

1814 W. Lombard St.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/25/85

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

Cemetery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

LOUIS LUH

14. MOTHER'S MAIDEN NAME

MARY KESSLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

NONE

16. SOCIAL
SECURITY NO.

212-07-1734

17. INFORMANT

ADDRESS

Hospital records.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

Cardiovascular. renal failure 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Hypertensive cardiovascular
disease

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

none

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from April 4, 1953, to May 6, 1953, that I last saw the
deceased alive on April 6, 1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

R. L. Liddell

M. D.

Mercy Hospital

May 6, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1953

Huntington Williams, M.D.

George L. Schwab 2101 Frederick Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-552

53 4345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4345

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT P. CUMMINS

2. DATE
OF DEATH May 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Mem. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Greenway Apts. - Charles & 34th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 17, 1869

9. AGE (In years last birthday)

83

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Drugs Rtd

10B. KIND OF BUSINESS OR INDUSTRY

Wholesale Drugs

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Key Cummins

14. MOTHER'S MAIDEN NAME

Margaret J. Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Harold M. Cummins-2326 N. Charles St

18. 420.1 and 181X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Failure

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

DUE TO

ANTECEDENT CAUSES

(B)

Generalized Atherosclerosis &

10 yrs

DUE TO

Hypertension, Coronary Sclerosis

5 yrs

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Left testicular Pharyngeal Bladder Tumor

19A. DATE OF OPERATION

2/18/52

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Carcinoma Bladder (urinary)

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18/52 to 5/5/53, that I last saw the deceased alive on 3/12/53, 1953, and that death occurred at 5A 5/5/53 from the causes and on the date stated above.

23A. SIGNATURE

John S. Harris M.O.

23B. ADDRESS

Balto. 2 Rd. 11 E Chase

23C. DATE SIGNED

5/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/7/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 7 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Dickner & Sons

ADDRESS

Balto. 17, Md.

VS 150

1918

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

<p>NAME OF DECEASED JAMES M. JONES</p>		<p>AGE 45</p>		<p>SEX Male</p>		<p>RACE White</p>		<p>DATE OF BIRTH Jan 15, 1873</p>		<p>PLACE OF BIRTH Baltimore, Md.</p>	
<p>RESIDENCE 1234 N. E. Street</p>		<p>DATE OF DEATH Jan 20, 1918</p>		<p>TIME OF DEATH 10:30 AM</p>		<p>PLACE OF DEATH Home</p>		<p>CAUSE OF DEATH Heart Disease</p>		<p>DIAGNOSIS Myocardial Infarction</p>	
<p>DECEASED'S SIGNATURE James M. Jones</p>		<p>DECEASED'S ADDRESS 1234 N. E. Street</p>		<p>DECEASED'S OCCUPATION Clerk</p>		<p>DECEASED'S MARITAL STATUS Married</p>		<p>DECEASED'S RELIGION Roman Catholic</p>		<p>DECEASED'S EDUCATION High School</p>	

<p>CAUSE OF DEATH Heart Disease</p>		<p>DIAGNOSIS Myocardial Infarction</p>		<p>DECEASED'S SIGNATURE James M. Jones</p>		<p>DECEASED'S ADDRESS 1234 N. E. Street</p>		<p>DECEASED'S OCCUPATION Clerk</p>		<p>DECEASED'S MARITAL STATUS Married</p>		<p>DECEASED'S RELIGION Roman Catholic</p>		<p>DECEASED'S EDUCATION High School</p>	
<p>DECEASED'S SIGNATURE James M. Jones</p>		<p>DECEASED'S ADDRESS 1234 N. E. Street</p>		<p>DECEASED'S OCCUPATION Clerk</p>		<p>DECEASED'S MARITAL STATUS Married</p>		<p>DECEASED'S RELIGION Roman Catholic</p>		<p>DECEASED'S EDUCATION High School</p>		<p>DECEASED'S SIGNATURE James M. Jones</p>		<p>DECEASED'S ADDRESS 1234 N. E. Street</p>	
<p>DECEASED'S OCCUPATION Clerk</p>		<p>DECEASED'S MARITAL STATUS Married</p>		<p>DECEASED'S RELIGION Roman Catholic</p>		<p>DECEASED'S EDUCATION High School</p>		<p>DECEASED'S SIGNATURE James M. Jones</p>		<p>DECEASED'S ADDRESS 1234 N. E. Street</p>		<p>DECEASED'S OCCUPATION Clerk</p>		<p>DECEASED'S MARITAL STATUS Married</p>	

DAVID H. HOGG, M.D., BALTIMORE, MD.

THE BALTIMORE CITY HEALTH DEPARTMENT HAS THE HONOR TO ANNOUNCE THE DEATH OF JAMES M. JONES, A RESIDENT OF BALTIMORE, MD., WHO PASSED AWAY AT HIS HOME, 1234 N. E. STREET, ON JANUARY 20, 1918, AT THE AGE OF 45 YEARS. THE CAUSE OF DEATH WAS HEART DISEASE. THE DECEASED WAS A CLERK BY OCCUPATION AND WAS MARRIED. HE WAS A ROMAN CATHOLIC AND HAD RECEIVED A HIGH SCHOOL EDUCATION. HIS SIGNATURE AND ADDRESS ARE GIVEN ABOVE. HIS OCCUPATION, MARITAL STATUS, RELIGION, AND EDUCATION ARE ALSO GIVEN. HIS SIGNATURE AND ADDRESS ARE GIVEN ABOVE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452

53 4346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4346

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTEP S. WILLIAMS

2. DATE
OF
DEATH

May 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

00

3309 Dupont Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3309 Dupont Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Sept. 28, 1873

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chief Clerk rtd

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Williams

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Catherine R. Williams-3309 Dupont Ave

18.

177X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Carcinoma of Prostate

INTERVAL BETWEEN
ONSET AND DEATH

18 months

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3 1951, to MAY 4 1953 that I last saw the
deceased alive on MAY 4 1953, and that death occurred at 6:28 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold Levin

M. D.

23B. ADDRESS

4818 Reisterstown Rd

23C. DATE SIGNED

May 6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

May 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 7 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tichner - Sons

ADDRESS

Baltimore, Md.

VS 150

4810

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1110

STATE OF NEW YORK
COUNTY OF ALBANY
CITY OF ALBANY
DECEASED: [Name]
DATE OF DEATH: [Date]
PLACE OF DEATH: [Place]
AGE: [Age]
SEX: [Sex]
RACE: [Race]
BIRTH: [Birth]
MARRIAGE: [Marriage]
OCCUPATION: [Occupation]
EDUCATION: [Education]
RELIGION: [Religion]
CAUSE OF DEATH: [Cause]
MANNER OF DEATH: [Manner]
SIGNATURE: [Signature]
DATE: [Date]

UNOFFICIAL RECORD OF DEATH

POST-MORTEM EXAMINATION

1. NAME OF DECEASED		2. DATE OF DEATH		3. PLACE OF DEATH	
4. AGE		5. SEX		6. RACE	
7. BIRTH		8. MARRIAGE		9. OCCUPATION	
10. EDUCATION		11. RELIGION		12. CAUSE OF DEATH	
13. MANNER OF DEATH		14. SIGNATURE		15. DATE	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-200 53 4347		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4347 Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) MARTHA ELLEN JOYCE				2. DATE OF DEATH May 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 927 N. Rose St.			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 927 N. Rose St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 13, 1860	9. AGE (In years last birthday) 92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Samuel Young			14. MOTHER'S MAIDEN NAME Isabel Moran		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. Carl Brittle-4235 Old Frederick Rd.	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis, generalized DUE TO _____ INTERVAL BETWEEN ONSET AND DEATH 3 years					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 3, 1950 , to May 4, 1953 , that I last saw the deceased alive on April 27, 1953 , and that death occurred at 3:20 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Wilbert E. Rudman		23B. ADDRESS 2517 W. Balto. St.		23C. DATE SIGNED May 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/7/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto. Md.		24E. NAME OF CEMETERY OR CREMATORY Balto. Md.		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Thos. J. Dickner & Sons, Balto 17, Md.	

1947

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

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CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DEPARTMENT OF HEALTH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-350
53 4348BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4348

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM TUTTON, Sr.

2. DATE
OF
DEATH

May 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

15 W. Eager St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

15 W. Eager St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 9, 1875

9. AGE (In years
last birthday)

77

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pres.

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant Corp.

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Tutton

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. William Tutton, Jr.-1512 Kennewick Rd

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Occlusion
Coronary Heart DiseaseINTERVAL BETWEEN
ONSET AND DEATH

30 minutes

2 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1951, to May 4, 1953, that I last saw the
deceased alive on May 3, 1953, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Wallenstein

M. D.

23B. ADDRESS

848 W 36 St

23C. DATE SIGNED

May 6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/7/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 7 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Tichner & Sons

ADDRESS

Balt. 17, Md.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1918

THIS CERTIFICATE OF DEATH IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH. IT IS TO BE FILED IN THE OFFICE OF THE HEALTH DEPARTMENT, BALTIMORE, MARYLAND, WITHIN TEN DAYS OF THE DEATH.

RECORDS DEPARTMENT FOR INDEXING

DATE OF DEATH		PLACE OF DEATH		AGE		SEX		RACE		OCCUPATION	
JAN 1 1918		BALTIMORE		45		M		W		C	
TIME OF DEATH		CAUSE OF DEATH		DISEASE		SYMPTOMS		TREATMENT		POST-MORTEM	
10:00 AM		HEART DISEASE		CORONARY ARTERY DISEASE		PAIN IN CHEST		NO		NO	
PLACE OF BURIAL		NAME OF FUNERAL HOME		NAME OF MINISTER		NAME OF CHURCH		NAME OF CEMETERY		NAME OF INTERMENT	
BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE	
DATE OF INTERMENT		NAME OF INTERMENT		NAME OF INTERMENT		NAME OF INTERMENT		NAME OF INTERMENT		NAME OF INTERMENT	
JAN 1 1918		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4349**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Harry S. Boone*2. DATE
OF
DEATH*5-4-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

523 N. Arlington Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto.**18-02*

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

523 N. Arlington Ave

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*M*Yrs.
Mos.
Days

8. DATE OF BIRTH

June 15-1878

9. AGE (In years last birthday)

*74*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR INDUSTRY

Custom House

11. BIRTHPLACE (State or foreign country)

Balto. 6-15-78

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Henry Boone

14. MOTHER'S MAIDEN NAME

Mary Saunders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

George Boone - 1119 N. Stratton

18.

442X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cardio Vascular Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *January* 19*51*, to *May* 19*53*, that I last saw the deceased alive on *March* 19*53*, and that death occurred at *11 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Life

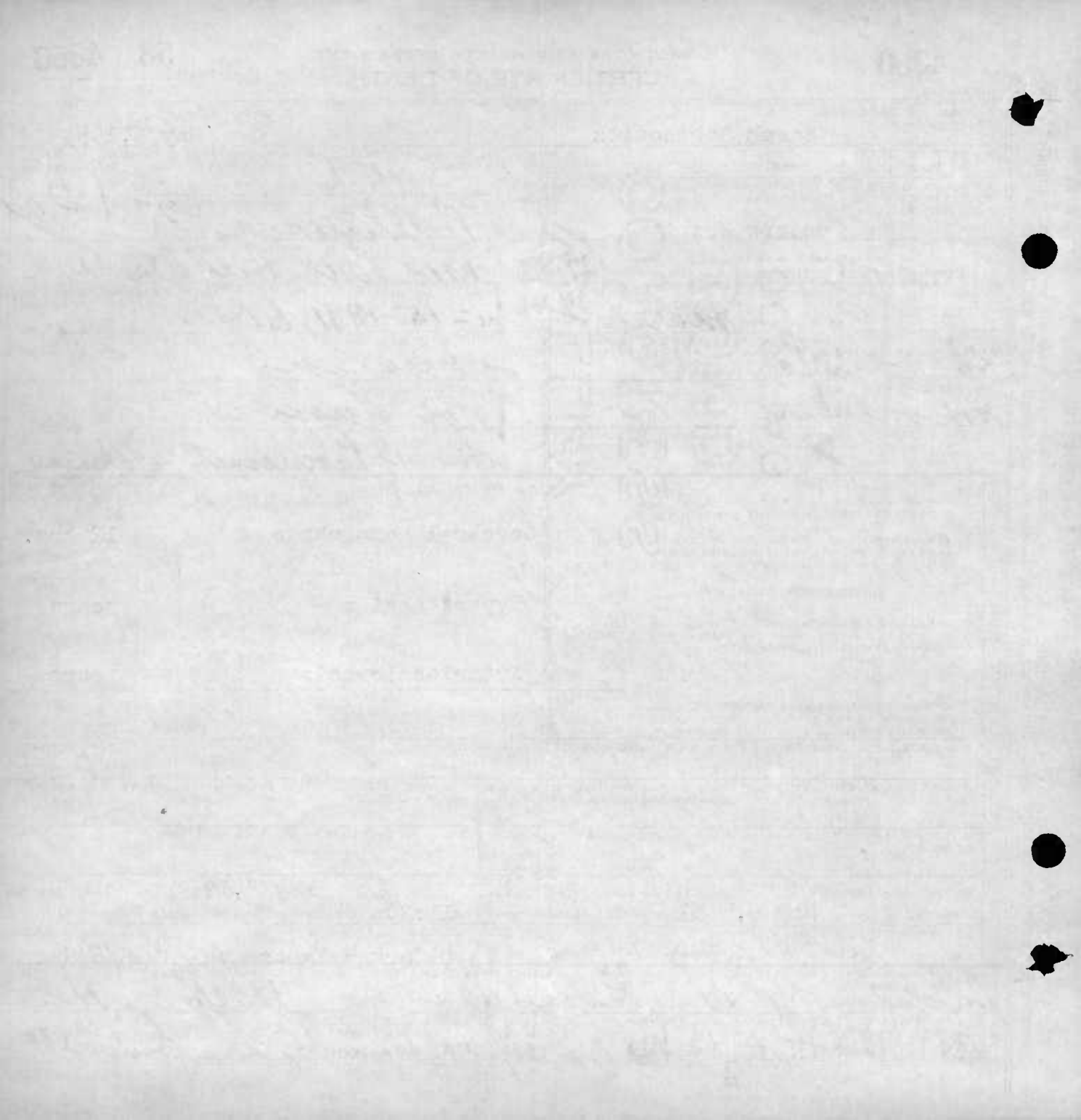
10-19-10

1011 W. 101st St.
New York, N.Y.
1011 W. 101st St.
New York, N.Y.
1011 W. 101st St.
New York, N.Y.

R-153
53 4350BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4350

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Sarah Rabinowitz		2. DATE OF DEATH May 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 39 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4317 Park Heights Ave			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 5-15-1891	9. AGE (in years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russian	
13. FATHER'S NAME not known		14. MOTHER'S MAIDEN NAME not known			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Harry Rabinowitz - spouse	
18. 331X		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral hemorrhage			12 hrs.
ANTECEDENT CAUSES		(B) Hypertension			years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Arteriosclerosis			years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May , 1946 to May 5, 1953 , that I last saw the deceased alive on May 5, 1953 , and that death occurred at 11:30 p. , from the causes and on the date stated above.					
23A. SIGNATURE Louis R. Maser M.D.		23B. ADDRESS 4335 Park Heights Ave		23C. DATE SIGNED 5/6/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-7-53		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto Md		25. FUNERAL DIRECTOR Jack Lewis			
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1953		REGISTERAR'S SIGNATURE Huntington			
26. ADDRESS 2100 Easton Pl					



MARGIN RESERVED FOR BINDING

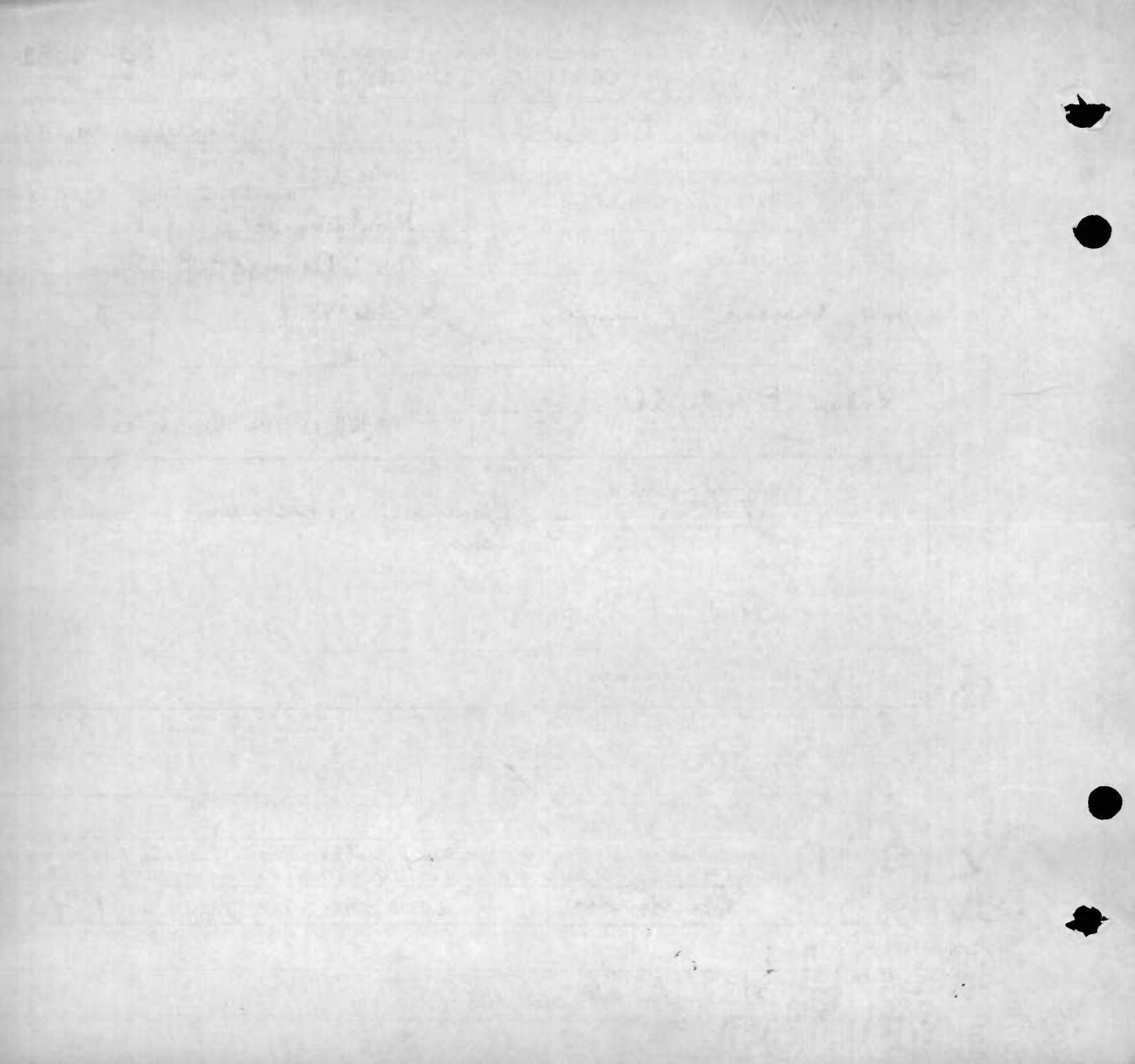
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D/H 240
Hospital Disposal
53-09356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4351

1. NAME OF DECEASED (Type or Print) Baby Bay Oaschiell		2. DATE OF DEATH April 29, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 943 Bennett Place		8. DATE OF BIRTH 4-26-53	
9. AGE (In years, last birthday) 3		10. AGE (In years, last birthday) 3	
11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Rubin Oaschiell		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORM JOHNS HOPKINS HOSPITAL ADDRESS		18. 974X	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Prematurity & meconium ileus	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4-26 , 1953, to 4-29 , 1953, that I last saw the deceased alive on 4-29 , 1953, and that death occurred at 10¹⁰ P.m. , from the causes and on the date stated above.	
23A. SIGNATURE [Signature]		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4352	Registered No.
BIRTH NO. <u>53 4352</u> <u>Non Res</u>					
1. NAME OF DECEASED (Type or Print) <u>Baby John R. Spaulding</u>				2. DATE OF DEATH <u>April 28, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>St. E. St. Prem. Nur.</u>				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Anne Arundel</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Annapolis</u> <u>5210</u>	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <u>28 Eucalyptus Rd.</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-26-1953</u>	9. AGE (In years last birthday) <u>2</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Donald Spaulding</u>			14. MOTHER'S MAIDEN NAME <u>?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u> ADDRESS	
18. <u>760.5</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Primarily with pneumonia</u> DUE TO <u>intermittent fever, chills, etc.</u> (B) <u>(Pneumonia)</u> DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-26</u> , 19 <u>53</u> , to <u>4-28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-28</u> , 19 <u>53</u> , and that death occurred at <u>2.00</u> <u>P.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>4/28/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		(State)			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 7 - 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Hospital Disposal</u>	

PLANT INDUSTRY

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PLANT INDUSTRY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4353 Hospital Disposal		BALTIMORE CITY HEALTH DEPARTMENT		53 4353	
2-436 53-07471		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Baby Girl Zolotorou		May 3 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
JOHNS HOPKINS HOSPITAL		Md		Baltimore 27-16	
c. Length of stay in Baltimore		8. DATE OF BIRTH		9. AGE (In years last birthday)	
Yrs. Mos. Days		3-26-1953		38	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		White		Single	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Zolotorou Bernard					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				JOHNS HOPKINS HOSPITAL	
18. 768.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO		5 wks.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) AT WORK			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-30, 1953 to 5-3, 1953 that I last saw the deceased alive on 5-3, 1953 and that death occurred at 4:48 p. m., from the causes and on the date stated above					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Dm Taylor		JOHNS HOPKINS HOSPITAL		5-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAY 7 1953		Huntington Williams, MD			

1981 53

1001 H72

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1001 H72

1001 H72

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4354

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBECCA

2. DATE
OF
DEATH

5-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

20

Levindale Aged Home

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

27-17

c. Length of stay in Baltimore

7 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2805 Oakley Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1878

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Max L. Dubois-2610 Loyola, North Ave.

18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral thrombosis

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

arteriosclerosis

years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27, 1951, to 5-6, 1953 that I last saw the
deceased alive on 5-6, 1953, and that death occurred at 6 pm., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

5-6-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/7/53

24C. NAME OF CEMETERY OR CREMATORY

Arlington Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. & Bros. 1124-26 W. North Ave.

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1953

1524-6

THE UNIVERSITY OF CHICAGO
LIBRARY

1524-6

1524-6

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1524-6

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war and dates of service)16. SOCIAL
SECURITY NO.

INFORMANT ADDRESS

18. 156.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to May 5, 1953, that I last saw the
deceased alive on 5/1/53, 19, and that death occurred at 9 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

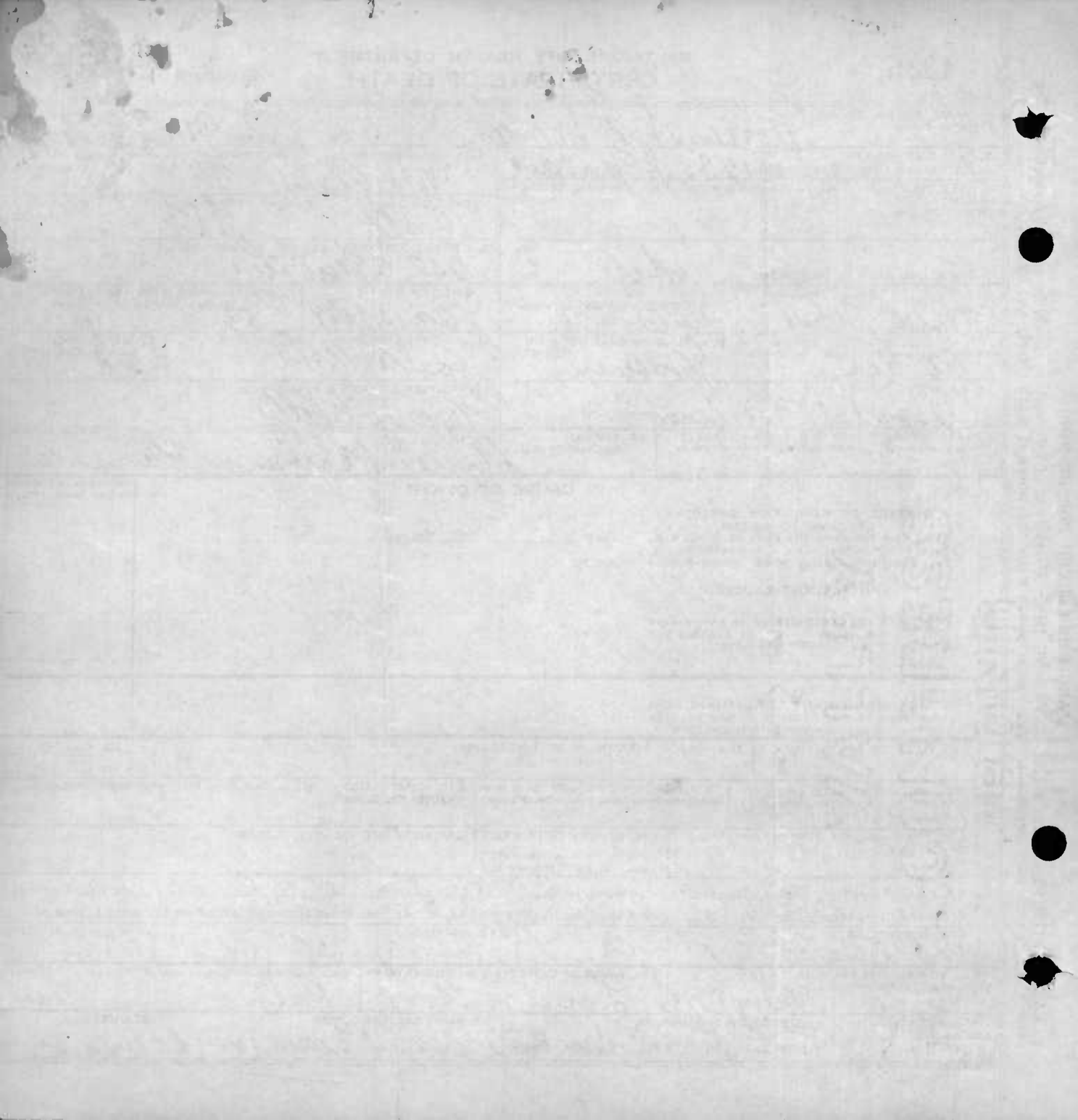
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



W-656
53 4356BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4356
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Werner

2. DATE
OF
DEATH

May 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1450 S B Charles St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

53 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 27, 1890

9. AGE (in years last birthday)

62

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Werner

14. MOTHER'S MAIDEN NAME

Doris Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Ethel Werner 1450 S B Charles St

18. 157X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Coronary artery disease of the heart of the deceased

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1952, to May 6, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 11:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

D. P. Friedman

23B. ADDRESS

1219 E 1st St.

23C. DATE SIGNED

5/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

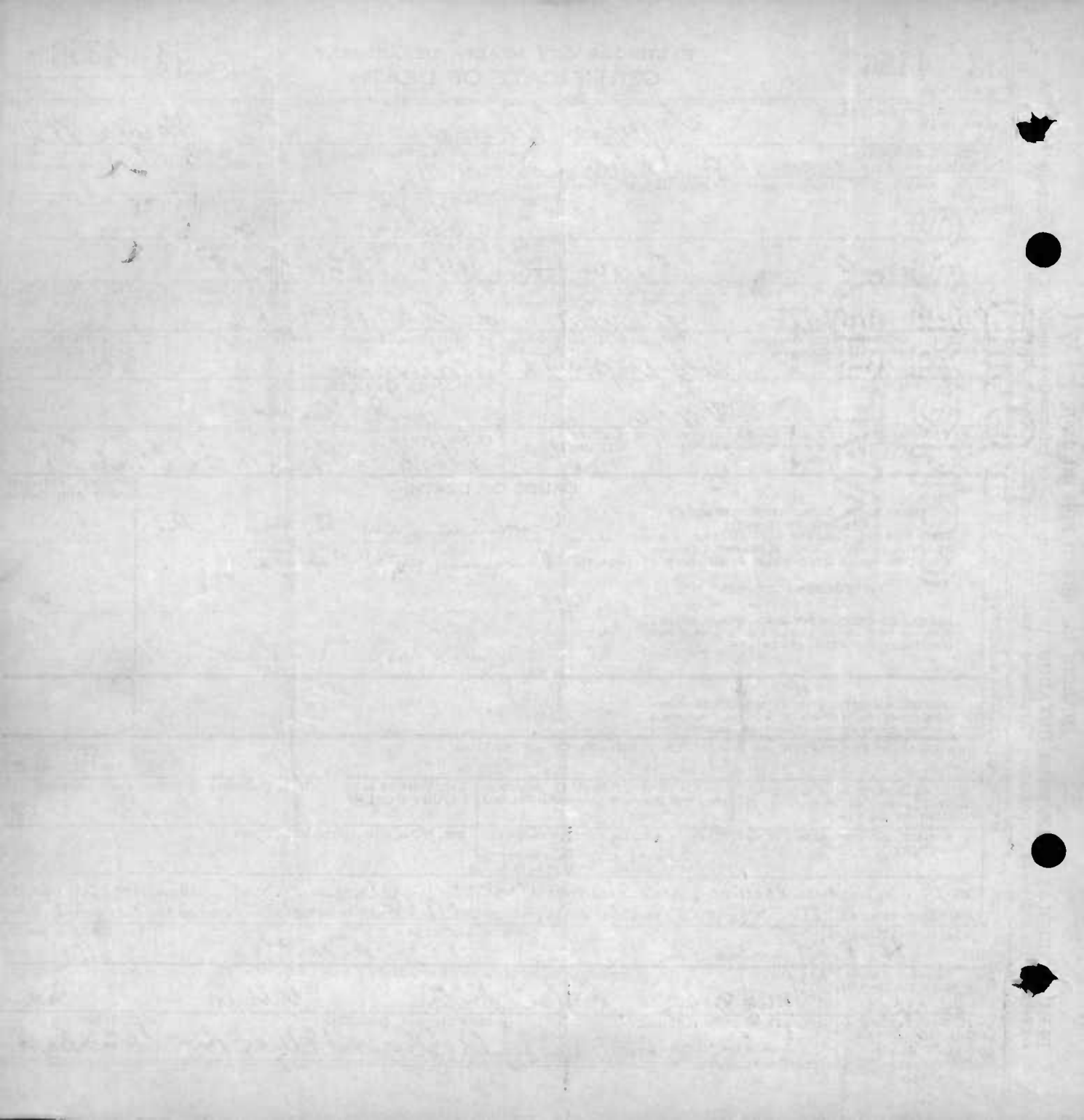
25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1953

Huntington Williams

A. Howard Evans 1450 S B Charles St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4357**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Coronary thrombosis**

Immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Hypertensive cardio vascular**

DUE TO

(C) **disease.**

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/24/1953**, to **5/6/1953**, that I last saw the
deceased alive on **5/5/1953**, and that death occurred at **11:24 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

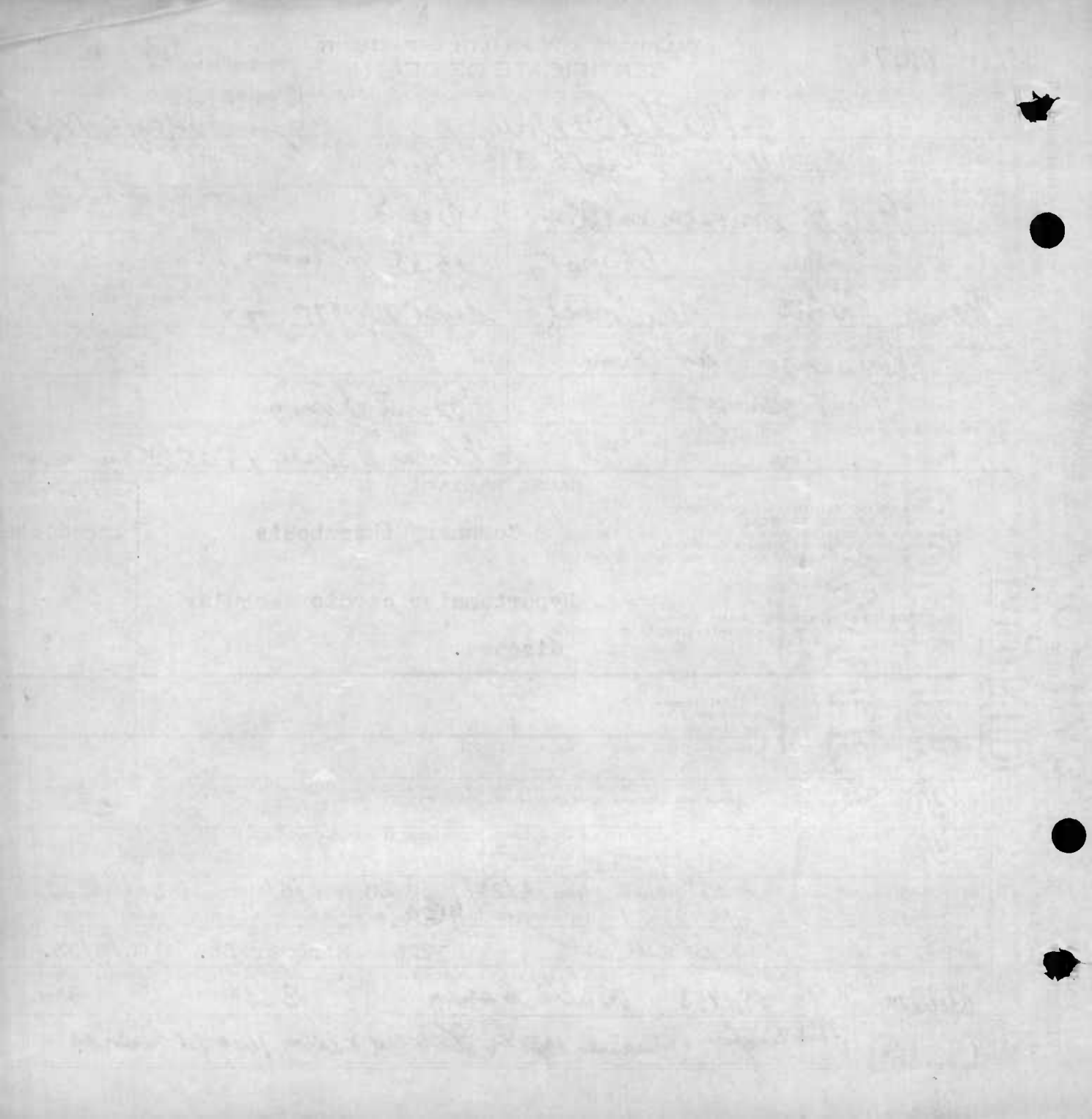
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4358

A 416
53 4358
3-08731

1. NAME OF DECEASED (Type or Print) Infant of Lucille Alvarez			2. DATE OF DEATH April 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Infant			D. STREET ADDRESS (If rural, give location) 2027 West Presbury Street - 17		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH April 2, 1953		9. AGE (In years last birthday) If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alphonso Alvarez			14. MOTHER'S MAIDEN NAME Lucille Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records		

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Insecurity</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from April 2, 1953 to April 2, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 5:15 A. M., from the causes and on the date stated above.				
23A. SIGNATURE <i>W. B. [Signature]</i>		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 4/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-230

53 4359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4359
Registered No.

1. NAME OF DECEASED (Type or Print) MABEL G. BECKETT			2. DATE OF DEATH 5/6/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 736 GEORGE STREET			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 40 YRS			D. STREET ADDRESS (If rural, give location) 736 GEORGE STREET		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/13/1895	9. AGE (in years, last birthday) 57	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (State or foreign country) BALTO. COUNTY, MD.	
13. FATHER'S NAME GEORGE GIBSON			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. NO		
14. MOTHER'S MAIDEN NAME ELLA			17. INFORMANT ADDRESS CHARLES BECKETT(H) 736 GEORGE ST		
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Occlusion ? DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Coronary Sclerosis DUE TO (C) _____					
19. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/10/53 , to 5/6/53 , that I last saw the deceased alive on 3/15/53 , and that death occurred at 1200 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE William Garner M.D.		23B. ADDRESS 736 George St		23C. DATE SIGNED 5/7/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5/9/53		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS CHARLES G. COOPER-512 CARROLLTON AV.	

7208A Charles G. Cooper

1959

CERTIFICATE OF DEATH

11

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

DATE OF BIRTH

SEX

EDUCATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

Handwritten signature

Handwritten text

Handwritten date

Handwritten mark

Handwritten text

DATE OF BIRTH

SEX

EDUCATION

PLACE OF DEATH

53 4330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4330
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA L. CLARK

2. DATE
OF
DEATH 8/3/533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY, before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION PROVIDENT HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
MD. Baltimore

c. Length of stay in Baltimore LIFE Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
CATONSVILLE
2 DUNBAR AV. 53525. SEX
F6. COLOR OR RACE
C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
M8. DATE OF BIRTH
3/5/19059. AGE (In years last birthday) 48
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE10B. KIND OF BUSINESS OR INDUSTRY
DOMESTIC11. BIRTHPLACE (State or foreign country)
TEXAS, MD.12. CITIZEN OF
WHAT COUNTRY?
U.S.A.13. FATHER'S NAME
ROBERT JACKSON14. MOTHER'S MAIDEN NAME
BESSIE JACKSON15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) NO NONE16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
EDWARD V. CLARK(H) 2 DUNBAR AV.18. 170X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO
Carcinoma - breast - metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to 5-3-1953 that I last saw the deceased alive on 5-2-1953 and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL
DATE RECEIVED BY
LOCAL REGISTRAR5/7/53
REGISTRAR'S SIGNATURE

BALTO. NAT'L. CEM.

BALTO. MD.

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1953

Huntington Williams, M.D. Has Stopped 512 (Enrolled)

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEASED

PROVIDENT HOSPITAL

CATONVILLE

DURHAM AV.

1905

DECEASED

TEXAS, MD.

GEORGE JACOBSON

ROBERT JACOBSON

WILLIAM V. CLARK, JR. M.D.

NO

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

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G-360

53 4331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4331
Registered No.1. NAME OF DECEASED
(Type or Print)BIRCKHEAD
ELEANOR / GAITHER2. DATE
OF DEATH May 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3209 Brightwood Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3209 Brightwood Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 14, 1893

9. AGE (In years last birthday)

59

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR INDUSTRY
at home11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph F. Birkhead

14. MOTHER'S MAIDEN NAME

Ida Owings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Herbert S. Gaither-303 Glenmore Ave.

18. E981X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3209 Brightwood Road

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
May 5, 1953 5:00 P.21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot by husband

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

*William H. Williams*23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

May 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/9/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 7 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. G. T. Tietz & Sons

VS 151

N 803.4

Baltimore 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wm. D. Campbell, Jr.

G-360
53 4332BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4332
Registered No.

1. NAME OF DECEASED (Type or Print)		JAMES H. GAITHER		2. DATE OF DEATH May 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 28-0			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3209 Brightwood Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 3209 Brightwood Road		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 18, 1893	9. AGE (in years, last birthday) 59	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer		10B. KIND OF BUSINESS OR INDUSTRY Used Cars		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME James H. Gaither		14. MOTHER'S MAIDEN NAME Rosa Brian	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mr. Herbert S. Gaither-303 Glenmore Ave. 28	
18. E976x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of head DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Gunshot wound of head (B) (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? 3209 Brightwood Road	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 5, 1953 5:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Shot self	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Updegraff		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 6, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/9/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) WOODLAWN, MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR May 7 - 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Wm. J. Pickens & Sons		24H. ADDRESS Baltimore, Md.		24I. VS 151 N 803.4 2906J	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Handwritten text in Urdu script, likely a signature or date, located at the bottom left of the page.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7-325

53 4303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4303

1. NAME OF DECEASED (Type or Print) FRANK A. ZITZMAN			2. DATE OF DEATH May 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY		
8. FULL NAME OF HOSPITAL OR INSTITUTION Pimlico Race Track			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Forest Hills, Pittsburgh		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4116 Greensbury Pike		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 17, 1889		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Distr.		10B. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Zitzman			14. MOTHER'S MAIDEN NAME Carolyn Neidoffer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		(If yes, give war or dates of service) World War No. 1	16. SOCIAL SECURITY NO. 206-22-1429		17. INFORMANT Mrs. Florence Zitzman - 4116 Greensburg Pk

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rupture of abdominal aneurysm Retroperitoneal hemorrhage		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 6, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5/7/53		24C. NAME OF CEMETERY OR CREMATORY Wm. Penn Cem.	
24D. LOCATION (City, town, or county) (State) Pittsburgh, Pa.					
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>6324 N. 17th St. Baltimore, Md.</i>	

1871. 11. 15. 1871.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

G-622
53 4364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4364

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ELIZABETH MEYERS GORSUCH		2. DATE OF DEATH MAY 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 71-03		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Halestown	
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Hosp. for the Women of Maryland		D. STREET ADDRESS (If rural, give location) 131 N. Potomac St.		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX F		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 12-1-66		9. AGE (in years last birthday) 86	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Wilmington, Delaware	
13. FATHER'S NAME Rubie Garrett		14. MOTHER'S MAIDEN NAME Rebecca Hanna		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. J. T. Spicknall-131 N. Potomac St.	
18. 420.0 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO Diabetes Mellitus DUE TO Cataracts, bilateral		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION April 10, 1953		19B. MAJOR FINDINGS OF OPERATION Int. & Ext. hemorrhoids		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 6, 1953 , to May 5, 1953 , that I last saw the deceased alive on May 5, 1953 and that death occurred at 8:15 m., from the causes and on the date stated above.					
23A. SIGNATURE C. L. Markley		23B. ADDRESS Hosp. for the Women of Md		23C. DATE SIGNED May 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/8/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		24E. NAME OF CEMETERY OR CREMATORY Woodlawn, Md.		24F. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1953		REGISTRAR'S SIGNATURE William J. Williams		25. FUNERAL DIRECTOR'S ADDRESS Wm. J. Tidener & Sons Balto. 17, Md.	

Wm. J. Dickson & Son
Sept 17, 1884

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4365**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Henry Lewis**2. DATE
OF
DEATH**May 5, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Md.** B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**1816 Lorman St.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Balto.**

D. STREET ADDRESS (If rural, give location)

1816 Lorman St.

C. Length of stay in Baltimore

3 yrsYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**D**

8. DATE OF BIRTH

18889. AGE (in years
last birthday)**65**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**None**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rich. Va.12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

John Lewis

14. MOTHER'S MAIDEN NAME

?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**yes****WW#1**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eva Stinkler 1816 Lorman St.

18.

241X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office Bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/3/53** to **5/4/53**, that I last saw the
deceased alive on **5/4/53**, and that death occurred at **4:15 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE/SIGNED

24A. CREMA-
TORIAL (Specify)

24B. DATE

5/8/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Balto. National Balto. Md.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.



53 4336

53 4366

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4366

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Johanson (ANNA JOHANSON)		2. DATE OF DEATH May 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 27 years		D. STREET ADDRESS (If rural, give location) 4708 Windan Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-4-93
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10B. KIND OF BUSINESS OR INDUSTRY Hospital	9. AGE (In years last birthday) 59
11. BIRTHPLACE (State or foreign country) Sweeden		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Karl Forsberg		14. MOTHER'S MAIDEN NAME Matilda Skogsberg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. YES	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intestinal obstruction DUE TO Carcinomatosis DUE TO Carcinoma cecum	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5/3/53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Intest. Obstruction	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-14 , 1953, to 5-4 , 1953, that I last saw the deceased alive on 5-4 , 1953, and that death occurred at 8:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Dwight C. McLean M. D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 5/5/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 5/8/53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
25A. RECEIVED BY LOCAL REGISTRAR Thurston Harrison, MD	25B. REGISTRAR'S SIGNATURE	25C. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	

VS 150

7648T

Sign. H. Sander

PLEASE WRITE PLAINLY, WITH UNBLENDED INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

NOTED BY THE REGISTER

1. NAME OF DECEASED
(Type or Print)

2. PLACE OF DEATH
A. Baltimore City, Maryland
B. Full Name of (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3. Length of stay in Baltimore
A. SEX
B. COLOR OR RACE
C. SINGLE MARRIED
D. WIDOWED DIVORCED (Specify)

4. A. USUAL OCCUPATION (Indicate in detail)
B. KIND OF BUSINESS OR INDUSTRY

5. FATHER'S NAME
6. WAS DECEASED EVER IN U.S. ARMED FORCES?
7. SECURITY NO.

8. CAUSE OF DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death)
A. DUE TO
II. ANTECEDENT CAUSES
B. DUE TO
C. DUE TO
III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

9. A. DATE OF OPERATION
B. WAS PERFORMED
C. 1. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH (Only Medical Examiner)
2. TIME (Month) (Day) (Year) (Hour)
3. INJURY OCCURRED
A. WHITE AT
B. NOT WHITE
C. AT WORK
D. HOW DID INJURY OCCUR

10. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw him _____, and that death occurred at _____, from the cause and on the date stated above.
11. SIGNATURE
12. ADDRESS

13. LOCAL REGISTRAR
14. REGISTER'S SIGNATURE
15. FUNERAL DIRECTOR
16. ADDRESS

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

17. INFORMANT
18. MOTHER'S MAIDEN NAME
19. BIRTHPLACE (State or foreign country)
20. AGE (in years, months, days)
21. DATE OF BIRTH
22. STREET ADDRESS (If rural, give location)
23. CITY OR TOWN (If outside corporate limits, write R.U.A. and township)
24. STATE
25. USUAL RESIDENCE (Write deceased lived in residence; residence before admission)
26. DATE OF DEATH

1. NAME OF DECEASED
2. PLACE OF DEATH
3. Length of stay in Baltimore
4. A. USUAL OCCUPATION (Indicate in detail)
B. KIND OF BUSINESS OR INDUSTRY
5. FATHER'S NAME
6. WAS DECEASED EVER IN U.S. ARMED FORCES?
7. SECURITY NO.
8. CAUSE OF DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death)
A. DUE TO
II. ANTECEDENT CAUSES
B. DUE TO
C. DUE TO
III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
9. A. DATE OF OPERATION
B. WAS PERFORMED
C. 1. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH (Only Medical Examiner)
2. TIME (Month) (Day) (Year) (Hour)
3. INJURY OCCURRED
A. WHITE AT
B. NOT WHITE
C. AT WORK
D. HOW DID INJURY OCCUR
10. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw him _____, and that death occurred at _____, from the cause and on the date stated above.
11. SIGNATURE
12. ADDRESS
13. LOCAL REGISTRAR
14. REGISTER'S SIGNATURE
15. FUNERAL DIRECTOR
16. ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4337
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OTTO GEHRING

2. DATE
OF
DEATH

May 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1927 E. 30th. Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1927 E. 30th. Street

C. Length of stay in Baltimore

62 years

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

? 1877

9. AGE (in years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Druggist

10B. KIND OF BUSINESS OR
INDUSTRY

Drug Co.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

? Gehring

14. MOTHER'S MAIDEN NAME

Margaret Witwe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 507 Park Avenue ADDRESS 1
Dr. James Oosterling

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio-Vascular Disease

DUE TO

(C)

5 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to May 5, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Roy M. Zimmerman

M. D.

23B. ADDRESS

2858 Hayford Rd.

23C. DATE SIGNED

May 6, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/7/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

ADDRESS

Seng F. Kuder

CERTIFICATE OF DEATH

IN SENATE

JANUARY 1, 1900

NEW YORK

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4338

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH F. RADCLIFFE

2. DATE
OF
DEATH

May 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2725 Tivoly Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2725 Tivoly Avenue

C. Length of stay in Baltimore 37 years

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 12, 1886

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Bank

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Clinton Radcliffe

14. MOTHER'S MAIDEN NAME

Alverta Fairbanks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT 2725 Tivoly Avenue - 18
Mrs. Lena M. Radcliffe

18.

420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

5 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from May 2, 1953, to May 5, 1953, that I last saw the
deceased alive on May 5, 1953 and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

Norman C. Todd M.D.

23B. ADDRESS

2108 St. Paul St

23C. DATE SIGNED

5/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/8/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

39071

Henry J. Sander.

MAY 7 1953

D-520
53 4339BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4369
4369

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

E. MILDRED

DENNIS

2. DATE
OF
DEATH May 5, 19533. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
3308 Elgin Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 6, 1904

9. AGE (In years
last birthday)

49

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Monroe Dennis

14. MOTHER'S MAIDEN NAME

Cora Virginia Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Mrs. Bessie M. Crockett 1029 N. New St.
Bethlehem, Pa.

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Rheumatic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Strong

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 5, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

5-8-1953

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

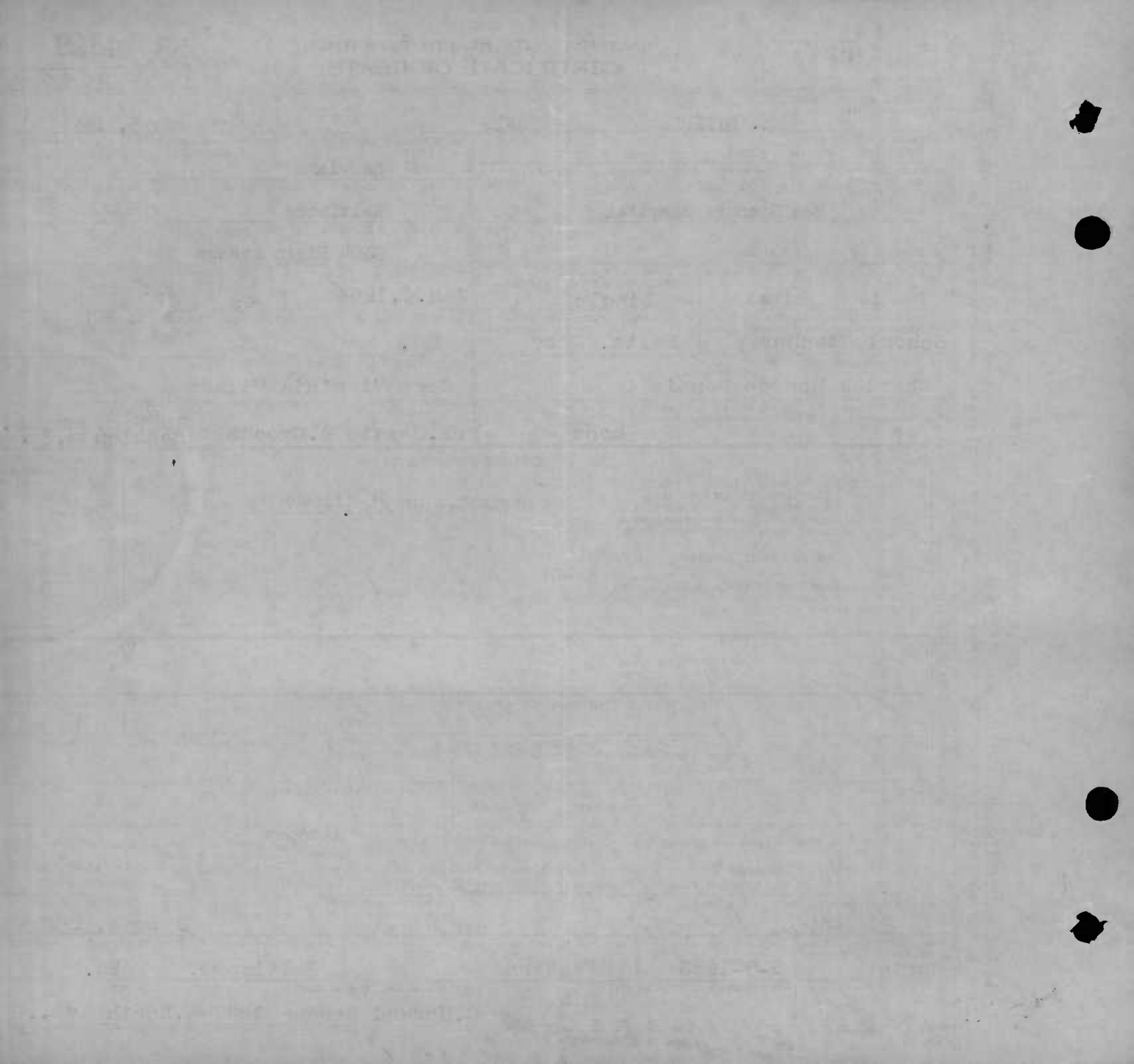
G. Howard Strong 3207 W. North Ave.,

151

Huntington W. Williams, MD
093 FV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

H. Melvin Bull

2. DATE
OF
DEATH

5/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5001 St. Albans Way

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5001 St. Albans Way

c. Length of stay in Baltimore

50 yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 16, 1876

9. AGE (in years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Harford Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Bull

14. MOTHER'S MAIDEN NAME

Maria C. Hollingsworth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-01-9716

17. INFORMANT

Emelie U. Bull

ADDRESS

18. 297X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Tuberculosis + Anemia*
DUE TO (Cause not determined)I
ANTECEDENT CAUSESDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO _____
(C) _____

CAUSE OF DEATH 5001 St. Albans Way

INTERVAL BETWEEN
ONSET AND DEATH

2 Mos.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1953 to May 6, 1953 that I last saw the deceased alive on May 6, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Grotto Hersberger

M. D.

23B. ADDRESS

214 Medical Arts Bldg

23C. DATE SIGNED

5/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1953

Huntington

E. Elsworth Ammaros

4600 Liberty Lights Ave.

1910

CERTIFICATE OF DEATH

1910

1910

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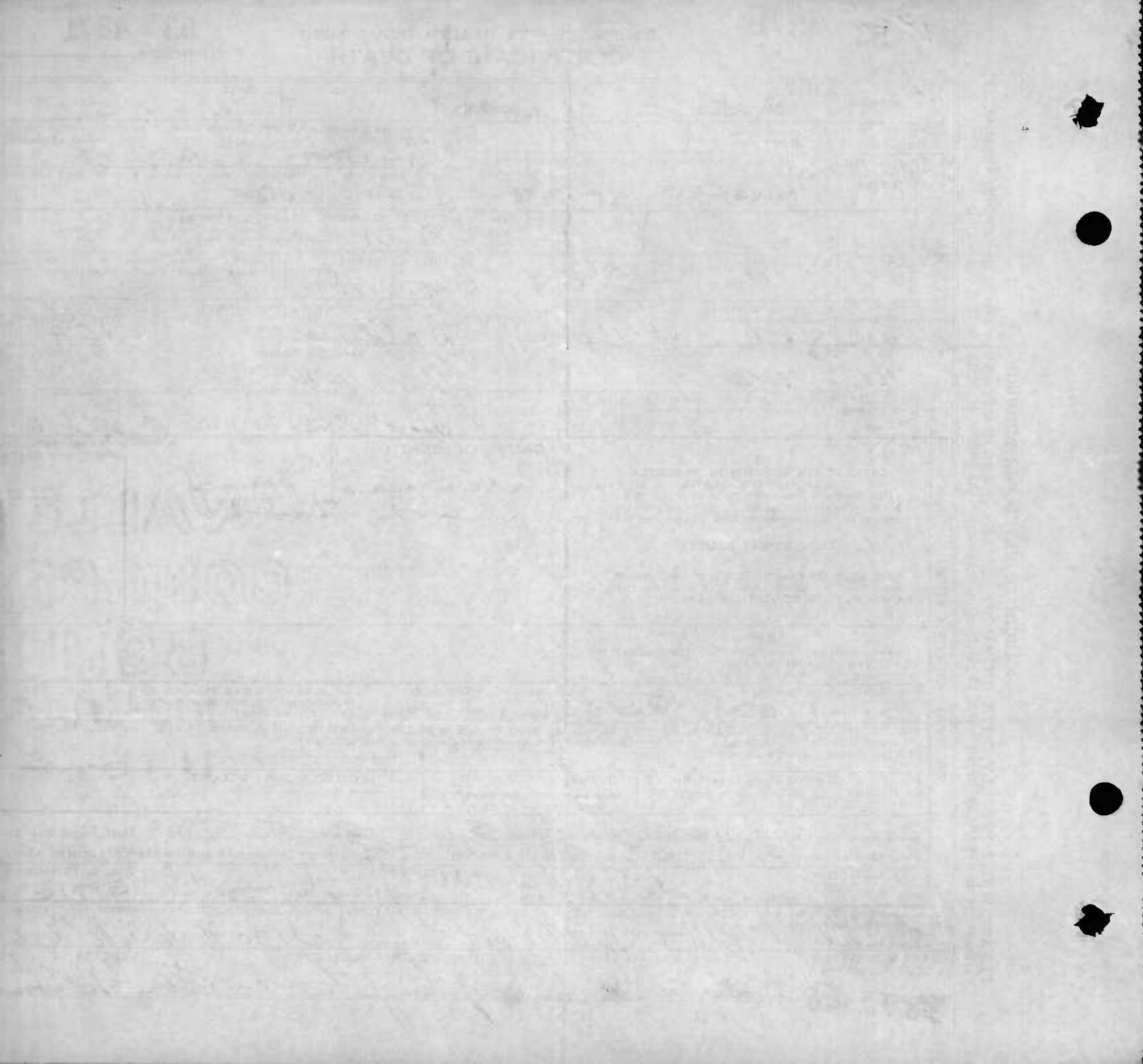
1910

1910

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department Certificate of Death				53 4371 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) MARY E. POLLARD				2. DATE OF DEATH 5/7/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 21-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 731 W. BARRE ST.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Unknown 1880	9. AGE (In years last birthday) 72	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Edward W. Bauer 24 Hall St. New York		
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach with metastasis			CAUSE OF DEATH Carcinoma of Stomach with metastasis		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3-24-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Carcinoma of Stomach		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/1 19 53 to 5/7/53 , that I last saw the deceased alive on 5/7/53 , and that death occurred at 2:47 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Samuel W. Decker			23B. ADDRESS University Hospital		23C. DATE SIGNED 5/7/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/9/53	24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.		24D. LOCATION (City, town, or county) (State) 2930 Frederick Ave
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS John J. Cowan & Son Hollis	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4372

525
53 4372

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY FISHER JOHNSON

2. DATE
OF
DEATH

May 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Bar. Wil-Ba

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-01

D. STREET ADDRESS (If rural, give location)

2510 Madison Ave

c. Length of stay in Baltimore

70

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 21, 1877

9. AGE (In years
last birthday)

25

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Richmond Va.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

Rebecca Mackney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Hermione Wharton-2019 Division

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Valvular Heart Disease

2 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to May 6, 1953, that I last saw the
deceased alive on May 6, 1953, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Douglas Sheppard

M. D.

23B. ADDRESS

604 N. Fulton Ave

23C. DATE SIGNED

5/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/9/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Chatman Jr., 1701 N. E. Chas. St.

Baltimore, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03 0373

RECEIVED BY THE SECRETARY OF THE
DEPARTMENT OF THE INTERIOR

03 0373

RECEIVED BY THE SECRETARY OF THE
DEPARTMENT OF THE INTERIOR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-452
53 4373
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 53 4373

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mr. Jay Collins</i>		2. DATE OF DEATH <i>May 6, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Lutheran Hospital</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i> <i>730 Ashburton Str. Baltimore Md</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Glen Burnie Md. Rt. 1 Box 166</i>	
c. Length of stay in Baltimore Yrs. <i>16</i> Mos. <i>16</i> Days <i>5200</i>		D. STREET ADDRESS (If rural, give location) <i>Rt. 1 Box 166</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 13, 1925</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Operator at Davidson Chemical Company, Curtis Bay Md.</i>		11. BIRTHPLACE (State or foreign country) <i>Tennessee</i>	9. AGE (In years last birthday) <i>27 years</i>
13. FATHER'S NAME <i>John</i>		14. MOTHER'S MAIDEN NAME <i>Rose Wilson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>043 24 1299</i>	17. INFORMANT <i>hospital records</i> ADDRESS <i>Lutheran Hospital, Baltimore Md</i>
18. 201X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cachexia</i>	
ANTECEDENT CAUSES		(B) <i>Hodgkin's disease</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 12, 1953</i> to <i>May 6, 1953</i> , that I last saw the deceased alive on <i>May 6, 1953</i> , and that death occurred at <i>2:55 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Rudolph M. Zander M.D. assistant resident M.D.</i>		23B. ADDRESS <i>% Lutheran Hospital, Baltimore, Maryland</i>	23C. DATE SIGNED <i>May 6, 1953</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>5.10.53.</i>	24C. NAME OF CEMETERY OR CREMATORY <i>On the</i>	24D. LOCATION (City, town, or county) (State) <i>Johnston City, Tenn.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>May 7 - 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>James L. Du Cane</i> ADDRESS <i>6904R 30 E. Fort Ave.</i>	

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620
53 4374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4374

1. NAME OF DECEASED (Type or Print)		JAMES BURRIS		2. DATE OF DEATH May 6, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION 704 Aisquith Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 704 Aisquith Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-3-1911	9. AGE (In years last birthday) 41	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) D.C.	
13. FATHER'S NAME MILAS BURRIS		14. MOTHER'S MAIDEN NAME ELIZABETH WHORTHY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS PATTY DUNN 1205 E. Biddle St.	
18. 022X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Syphilitic aortitis DUE TO ANTECEDENT CAUSES (B) Ruptured and dissecting aneurysm of arch of aorta with hemopericardium-cardiac tamponade DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED May 6, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE 5-8-53		24C. NAME OF CEMETERY OR CREMATORY GASTONIA N.C.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Joseph B. Locks, Jr. 1304 N. Central Ave.	

AREA 32

AREA 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-460
53 4375BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4375
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary Gallagher		May-6-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE		B. COUNTY	
Baltimore 5		Md			
5. FULL NAME OF HOSPITAL OR INSTITUTION		6. CITY OR TOWN		7. AGE (in years last birthday)	
JOHNS HOPKINS HOSPITAL		Baltimore		205	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)		113 E. Lafayette Ave	
Yrs. Mos. Days					
8. SEX	9. COLOR OR RACE	10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	11. DATE OF BIRTH	12. AGE (in years last birthday)	13. Under 1 Year Months Days
Female	White		6-30-61	91	
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14B. KIND OF BUSINESS OR INDUSTRY		15. BIRTHPLACE (State or foreign country)	
Housewife		Own home		Virginia	
16. FATHER'S NAME		17. MOTHER'S MAIDEN NAME		18. CITIZEN OF WHAT COUNTRY?	
George Antrim		Catherine			
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		20. SOCIAL SECURITY NO.		21. INFORMANT ADDRESS	
				JOHNS HOPKINS HOSPITAL	
18. E903.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) GENERAL DEBILITY			
DUE TO					
ANTECEDENT CAUSES		(B) FRACTURE OF HIP			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY		W. D.	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
		at home		113 E. Lafayette Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
Jan. 15, 1953 8:00		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		fall while walking in home	
22. I hereby certify that I attended the deceased from 1-15, 1953, to 5-6, 1953, that I last saw the deceased alive on 5-6, 1953, and that death occurred at 12 N., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
D.W. Pratt		JOHNS HOPKINS HOSPITAL		5-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Removal		5/8/53		Linkling Springs	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Fishersville, Virginia		Mr. Cook, Inc. 1217 St. Paul St.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAY 1 - 1953		Huntington Williams, M.D.			
VS 150 Med. Co. Release to hospital to be approved N820.0					

General Security

FACTORY W. 1111

RECEIVED

12 W

11.9.11

M-635
53 4376BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4376
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) <i>Mary Louise Martyn</i>		2. DATE OF DEATH <i>5-5-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> #29 B. COUNTY <i>20 08</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>10</i>		D. STREET ADDRESS (If rural, give location) <i>222 S. Monastery Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>5-10-77</i>
9. AGE (in years last birthday) <i>75</i>		10. Under 1 Year: Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Secretary</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Balto. Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>LaWte Martyn</i>		14. MOTHER'S MAIDEN NAME <i>Mary McCoy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Unknown</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Minnie Piel, 222 S. Monastery Ave.</i>		ADDRESS	
18. <i>443X</i> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) <i>Hypertensive Cardiovascular Dis.</i>			
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B) <i>Arteriosclerosis</i>			
DUE TO			
(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>April 25, 1953</i> , to <i>May 5, 1953</i> that I last saw the deceased alive on <i>May 5, 1953</i> , and that death occurred at <i>4:50 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>J. Nelson McKen</i>		23B. ADDRESS <i>Bon Secours Hospital</i>	
23C. DATE SIGNED <i>May 5, 1953</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>5/8/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>LOU DON PARK CEMETERY</i>		24D. LOCATION (City, town, or county) (State) <i>BALTIMORE, MARYLAND</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 7 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Am. Cook, Inc.</i>		ADDRESS <i>1217 St Paul St</i>	

3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-300

53 4377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4377

BIRTH NO.		1. NAME OF DECEASED (Type or Print) FLORA REED		2. DATE OF DEATH May 6, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 17-01		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Ardleigh Nursing Home 2075 Rockrose Avenue		D. STREET ADDRESS (If rural, give location) 512 N. Paca Street		5. SEX female	
6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 10, 1872	
9. AGE (In years last birthday) 80		10. CITIZEN OF WHAT COUNTRY? Maryland		11. BIRTHPLACE (State or foreign country) Maryland	
12. FATHER'S NAME Charles Bindermind		13. MOTHER'S MAIDEN NAME Agnes		14. INFORMANT Agnes Hartenstien, 9 W. Biddle Street	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. DATE OF OPERATION 0	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1 I Cardio Vascular Disease ? Antecedent Causes Senility		19. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1, 1953 , to May 6, 1953 , that I last saw the deceased alive on May 1, 1953 , and that death occurred at 6:10 p. m. , from the causes and on the date stated above					
23A. SIGNATURE H. R. Johnson		23B. ADDRESS 403 Med Arts Bldg		23C. DATE SIGNED 5-7-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/9/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		VS 150	

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May 1950

May 1950

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4378**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRIET ROSEMANT CLARKE

2. DATE
OF
DEATH

5-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission.)
A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

412 Whitridge Avenue

C. CITY OR TOWN (If outside corporate limits, state RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

412 Whitridge Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1871

9. AGE (In years,
last birthday)

81

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert L. Blatchley

14. MOTHER'S MAIDEN NAME

(?) Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. Marg. Antone-412 Whitridge Ave

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH1953
1952

1952

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
M. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1953, to May 5, 1953, that I last saw the
deceased alive on May 5, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-8-53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1953

Huntington Williams, M.D.

WIEDELD & SON

Dr. A.J. Bleckman
3426 Bank St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-600
53 4379BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 4379

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William Carr</i>		2. DATE OF DEATH <i>May 6-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Brady 2</i>		4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) A. STATE <i>Ind</i> B. COUNTY <i>C.C.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Skidmore</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) <i>5200</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>6-28-70</i>	9. AGE (In years last birthday) <i>82</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>farm</i>		11. BIRTHPLACE (State or foreign country) <i>Skidmore, Ind.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>William Carr</i>		14. MOTHER'S MAIDEN NAME <i>Samuel Johnson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>464X and 260X</i>		CAUSE OF DEATH (A) <i>Pulmonary Embolism</i> DUE TO (B) <i>Postoperative Phlebotrombosis</i> (C) <i>Diabetes. H.C.V.D.</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-6-1953</i> , to <i>5-6-1953</i> , that I last saw the deceased alive on <i>5-6-1953</i> , and that death occurred at <i>11:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Sandora E</i>		M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/10/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Broadneck</i>	
24D. LOCATION (City, town, or county) (State) <i>Skidmore Ind</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 7-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>J.B. Johnson, Emporium Ind.</i>	
VS 150					

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4380**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**LAWRENCE FALLON**2. DATE
OF
DEATH**MAY 6-1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Church Home & Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

78Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2652 Harford Road

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**M**

8. DATE OF BIRTH

Aug. 15, 18749. AGE (in years
last birthday)**78**10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Sign maker**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Fallon

14. MOTHER'S MAIDEN NAME

HONORA MATHONEY15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Church Home & Hospital18. **177x**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Carcinoma of Prostate****1 year**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Generalized Arteriosclerosis**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from **4/17/1953**, to **5/6**, 19**53**, that I last saw the
deceased alive on **5/6**, 19**53**, and that death occurred at **5:55 P.** m., from the causes and on the date stated above.

23A. SIGNATURE,

David F. Lanson

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

5/6/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5-9-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

BALTO

(State)

MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

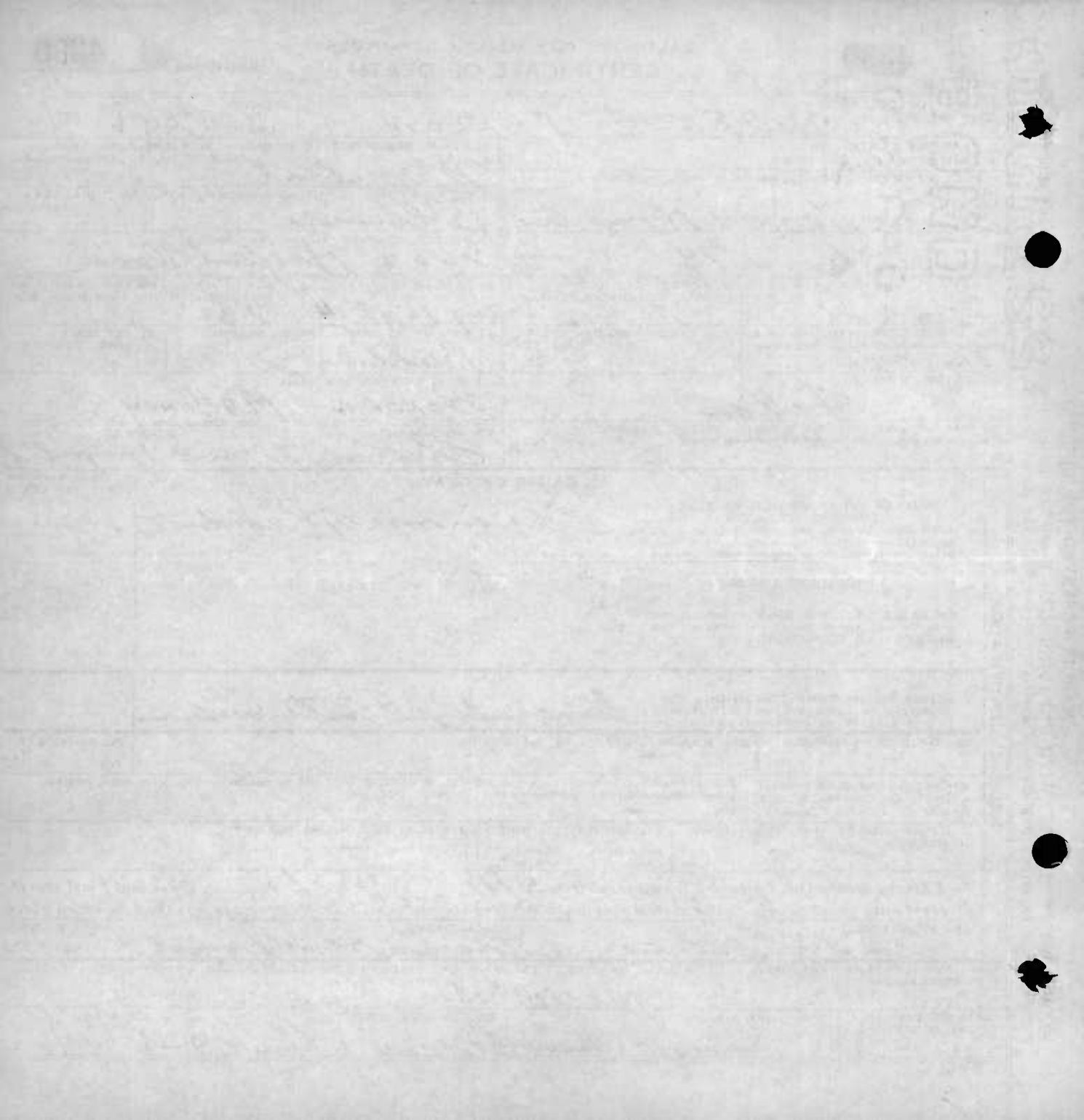
Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck 5305 Harford**MAY 7 - 1953**

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4381****53 4381**1. NAME OF DECEASED
(Type or Print)**GRACE HOLLAND**2. DATE
OF
DEATH**5-6-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md**AA**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

MARLEY PARK, Glen Burnie P.O.

D. STREET ADDRESS (If rural, give location)

101 Annapolis Blvd 5200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Divorced**

8. DATE OF BIRTH

August 18, 19009. AGE (in years
last birthday)**52**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Waitress**10B. KIND OF BUSINESS OR
INDUSTRY**PAUL'S
Twilight Club**

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Ness GARTRELL (Rt.)

14. MOTHER'S MAIDEN NAME

Elizabeth Etchison15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Guy HOLLAND 139 Burnett St.18. **170X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **carcinoma of breast (medullary) 2 yrs.
metastatic.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**liver metastases****sev week**19A. DATE OF OPERATION
NOV 1950

19B. MAJOR FINDINGS OF OPERATION

MEDULLARY CARCINOMA OF BREAST (LEFT WITH METASTASES)20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **APRIL 1**, 19**53**, to **MAY 6**, 19**53**, that I last saw the
deceased alive on **May 4**, 19**53**, and that death occurred at **10:25A**, from the causes and on the date stated above.

23A. SIGNATURE

E. Ellsworth Cook

23B. ADDRESS

2431 MARYLAND AVENUE

23C. DATE SIGNED

5-6-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

MAY 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24d. LOCATION (City, town, or county)

Glen Burnie, AA, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston W. Williams, M.D. R. H. Singleton

25. FUNERAL DIRECTOR

ADDRESS

Glen Burnie, Md.

22 3021

2-6-73

SPACE HOLDING

1105 N KAYATE STREET
KAYATE CONVENTION HOTEL

1105 N KAYATE STREET

1105 N KAYATE STREET

1105 N KAYATE STREET

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53 4382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4382

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD NORMAN OLD

2. DATE
OF
DEATH May 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE DC

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Washington

D. STREET ADDRESS (If rural, give location)

6629- 32nd Street

c. Length of stay in Baltimore

15 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/17/90

9. AGE (In years
last birthday)

62

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

San. Eng. Director

10B. KIND OF BUSINESS OR
INDUSTRY

Public Health Ser.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

A. Howard Old

14. MOTHER'S MAIDEN NAME

Catherine J. Hunsicker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 430.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Subacute bacterial endocarditis
due to streptococcus viridans

DUE TO

INTERVAL BETWEEN
ONSET AND DEATHUndeter-
mined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary arteriosclerosis, marked

DUE TO

Undeter-
mined

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1953, to May 7, 1953, that I last saw the
deceased alive on May 7, 1953, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

M. O.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

5/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/9/53

24C. NAME OF CEMETERY OR CREMATORY

Ivy Hill

24D. LOCATION (City, town, or county)

Phila., Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

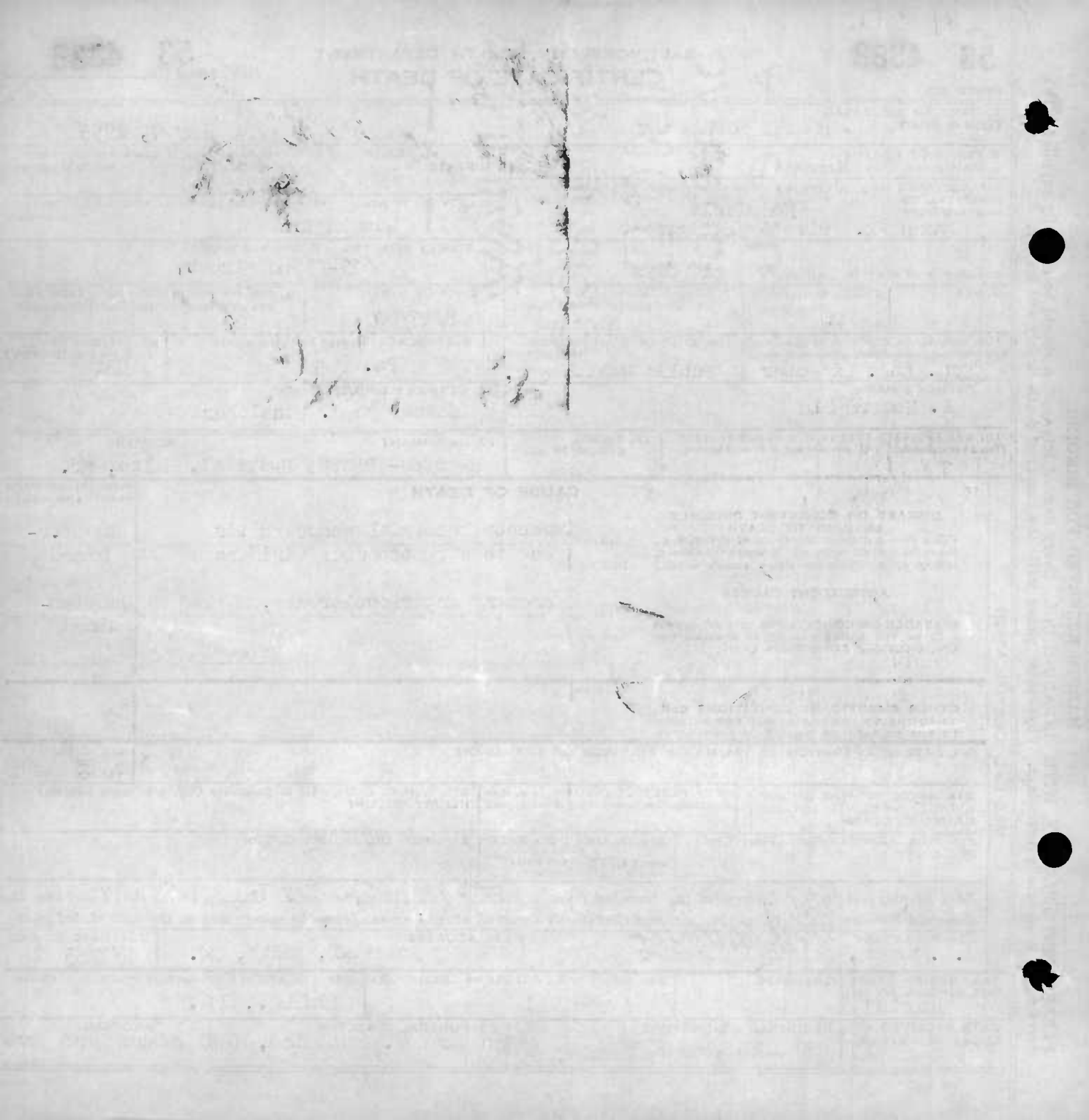
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Howard H. Hubbard, 2503 Edmondson Ave

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

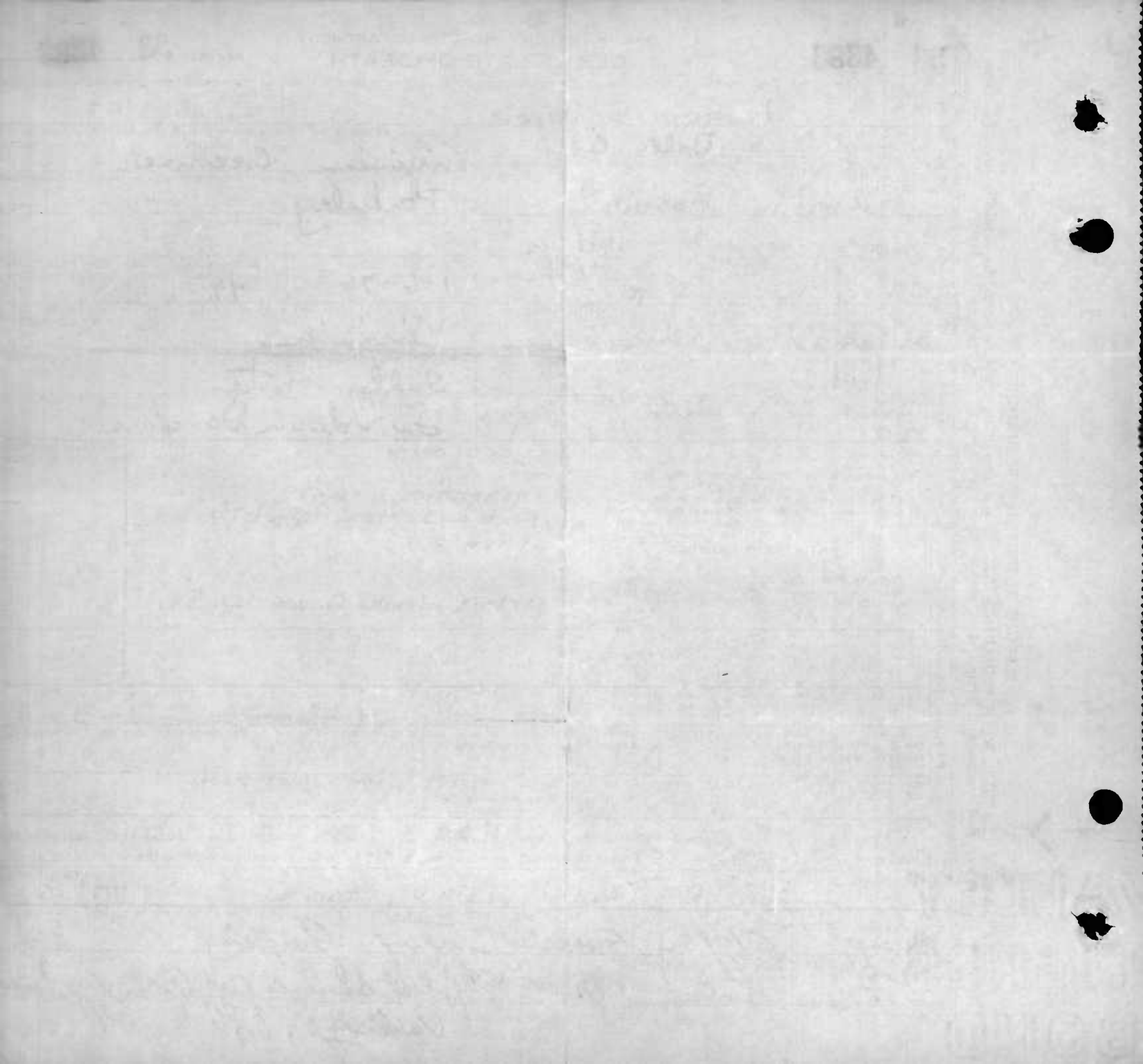
53 4383
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4383

1. NAME OF DECEASED (Type or Print) George Gillespie		2. DATE OF DEATH 5/7/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia B. COUNTY Accomack	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parkersley	
c. Length of stay in Baltimore 14 days		D. STREET ADDRESS (If rural, give location) V-43	
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 1-6-76
9. AGE (In years last birthday) 77		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Insurance	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John		14. MOTHER'S MAIDEN NAME Sally White	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Dr. Louis Douglas	
17. INFORMANT Dr. Louis Douglas		ADDRESS	
18. 600.0		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Pneumonia, right DUE TO Acute and chronic pyelitis URemia	
ANTECEDENT CAUSES		(B) Arterio Sclerotic Cardio Vas. Dis DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/23 , 19 53 to 5/7 , 19 53 that I last saw the deceased alive on 5/7 , 19 53 and that death occurred at 5:15 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE David R. Tuxedo M. D.		23B. ADDRESS UMU. Hospital	
23C. DATE SIGNED 5/7/53		23D. ADDRESS	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/9/53	
24C. NAME OF CEMETERY OR CREMATORY Parkersley Cemetery		24D. LOCATION (City, town, or county) (State) Parkersley, Va	
DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1953		REGISTRAR'S SIGNATURE Huntington Williams	
FUNERAL DIRECTOR Robert Shumers		ADDRESS Parkersley, Va	

MAY 8 - 1953
VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4384**BIRTH NO. **53 4384**

1. NAME OF DECEASED (Type or Print) ABRAHAM WISE			2. DATE OF DEATH MAY 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE 15-11		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3707 Edgerton Td			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-11		
C. Length of stay in Baltimore 50			D. STREET ADDRESS (If rural, give location) 3707 Edgerton Td		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday) 76	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDER		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) RUSSIA	
13. FATHER'S NAME OSCAR			14. MOTHER'S MAIDEN NAME ANN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT LILLIAN WISE- 3707 Edgerton Td	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		ADDRESS	

18. 153X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of the sigmoid	1 1/2 years	
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 9/23/51		19B. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/23/51 , 19 51 , to May 6 , 19 53 , that I last saw the deceased alive on May 6 , 19 53 , and that death occurred at 5:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Severin		23B. ADDRESS M. D.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 8, 1953		24C. NAME OF CEMETERY OR CREMATORY BETH TFILOH	
24D. LOCATION (City, town, or county) (State) BALTO. MD		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, MD	
24G. DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1953		24H. REGISTRAR'S SIGNATURE Huntington Williams, MD		24I. FUNERAL DIRECTOR Jack Lewis, Inc - 2100 Eutaw PL	
24J. DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1953		24K. REGISTRAR'S SIGNATURE Huntington Williams, MD		24L. FUNERAL DIRECTOR Jack Lewis, Inc - 2100 Eutaw PL	

Whitehouse
1720 Eustaw Pl
La 1129

53 4385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4385

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY H. DAVIS

2. DATE
OF
DEATH

5-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2880 Woodbrook Ave Baltimore 13-04

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2880 Woodbrook Ave

c. Length of stay in Baltimore

75 Yrs. Mos. Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Tailor

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Herman

14. MOTHER'S MAIDEN NAME

Pauline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rose Davis -

same

18. 420.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

May 6, 1953

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Heart Disease

10 days

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1953, to May 6, 1953, that I last saw the deceased alive on May 6, 1953, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Milton E. Lowman

23B. ADDRESS

4843 Park Heights Ave

23C. DATE SIGNED

5-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-8-53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Canton Rd

Lowman
4843 Park Heights
hu 2536

2

~~3005 W 2000th Ave~~
hu 1670

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4386

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THEODORE JELLINEK

2. DATE
OF
DEATH

5-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1702 Eutaw Place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1702 Eutaw Place

C. Length of stay in Baltimore

7

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year

11. Under 24 Hours

67

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shipping Clerk Slip Covers

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kennia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Johannah Jellinek

18. 151X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Cancer of stomach

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary sclerosis

19A. DATE OF OPERATION

April 15th 1953

19B. MAJOR FINDINGS OF OPERATION

carcinoma of stomach

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to May 7th, 1953, that I last saw the
deceased alive on May 7th, 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

HAROLD A. Bix

M. D.

23B. ADDRESS

2516 Linton Ave

23C. DATE SIGNED

May 7th 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-8-53

24C. NAME OF CEMETERY OR CREMATORY

Cherry Aikawa

24D. LOCATION (City, town, or county)

Randellstown Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 8-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. 2100 Eutaw Pl

25. FUNERAL DIRECTOR

ADDRESS

3424H

But
Lundgren Ave

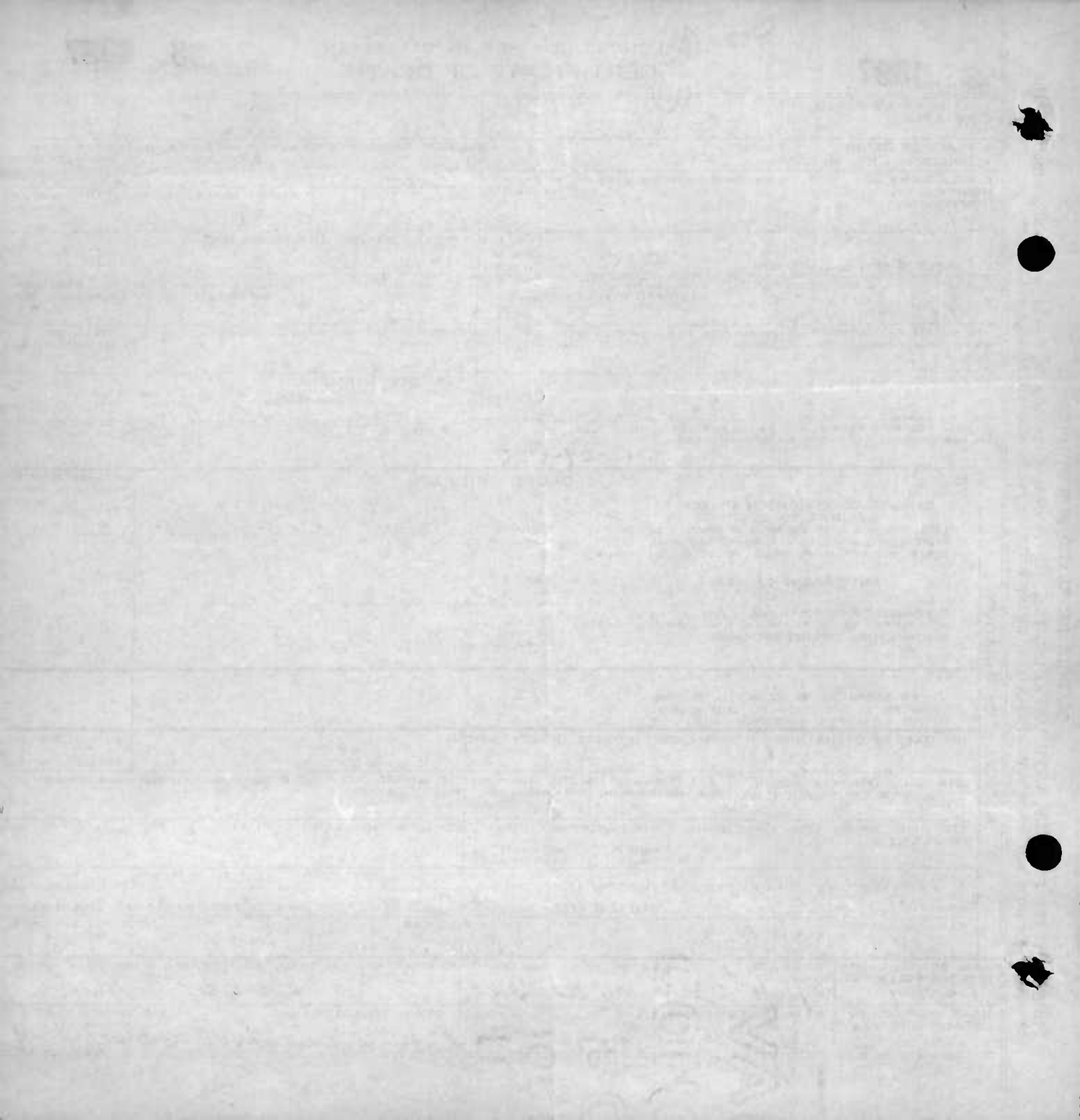
Ra 0506
Ma 1739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4387****53 4387**

1. NAME OF DECEASED (Type or Print) SILVERSTEIN, Mr. William			2. DATE OF DEATH 5/7/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home and Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 31, 6-02		
C. Length of stay in Baltimore 53 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 415 N. Montford Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/15/1900		9. AGE (in years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Umbrella cutter			10B. KIND OF BUSINESS OR INDUSTRY Mfg.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
13. FATHER'S NAME Silverstein, Morris			14. MOTHER'S MAIDEN NAME Caplan, Reba		12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 212-09-8400		17. INFORMANT Patient ADDRESS <input checked="" type="checkbox"/>

18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Mesenteric thrombosis		DUE TO		20 days
(B) Mitral insufficiency		DUE TO		
(C) Rheumatic Heart Disease		DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None				

19A. DATE OF OPERATION 4/29/53		19B. MAJOR FINDINGS OF OPERATION Mesenteric thrombosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NO	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4/18 , 19 53 , to 5/7 , 19 53 , that I last saw the deceased alive on 5/7, 1953 , and that death occurred at 8:45 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE Jack C. Collins		23B. ADDRESS Chm of Home & Hosp		23C. DATE SIGNED 5-7-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/10/1953	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Jack Lewis - 2100 E. E. Ave. Md.	



53 4388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4388

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1952 to May 7, 1953 that I last saw the
deceased alive on May 6, 1953 and that death occurred at 2:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICE OF THE REGISTRAR

ALBANY, N. Y.

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICE OF THE REGISTRAR

ALBANY, N. Y.

STATE OF NEW YORK

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ALBANY, N. Y.

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICE OF THE REGISTRAR

ALBANY, N. Y.

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICE OF THE REGISTRAR

ALBANY, N. Y.

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICE OF THE REGISTRAR

ALBANY, N. Y.

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICE OF THE REGISTRAR

ALBANY, N. Y.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4389
Registered No.53 4389
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Rosa Busch

2. DATE
OF
DEATH

5/6/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5107 Herring Run Drive

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 27-03

D. STREET ADDRESS (If rural, give location)

5107 Herring Run Drive

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/26/1877

9. AGE (In years,

last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Shinka

14. MOTHER'S MAIDEN NAME

Rosalie (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Rose A. Kaufman 5107 Herring Run Drive

18.

331X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Arteriosclerosis, cerebral 3 yrs

DUE TO

(B)

Generalized Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congestive Heart Failure

2 yrs

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to May 6, 1953 that I last saw the deceased alive on May 5, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Charles N. Swartz

23B. ADDRESS

5101 Belair Rd

23C. DATE SIGNED

5/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/9/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. C. Calkins, 1217 St. Paul St.

ADDRESS

0880 08

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1950

DATE OF DEATH

DEATH OF JOHN J. BROWN
BORN 10/15/1890
DIED 10/20/1950
AGE 60 YEARS
PLACE OF BIRTH NEW YORK
RESIDENCE 1234 E. BALTIMORE ST.
CAUSE OF DEATH HEART DISEASE
MANNER OF DEATH NATURAL
SIGNATURE OF DECEASED JOHN J. BROWN
SIGNATURE OF WITNESSES JOHN J. BROWN
SIGNATURE OF PHYSICIAN JOHN J. BROWN
SIGNATURE OF CLERK JOHN J. BROWN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4380

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4380

1. NAME OF DECEASED (Type or Print) CHRISTIAN F. LATOUCH			2. DATE OF DEATH May 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 25-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - Curtis Bay		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1624 Cypress Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10, 1899		9. AGE (In years, last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Fitter			10B. KIND OF BUSINESS OR INDUSTRY U. S. Coast Guard		11. BIRTHPLACE (State or foreign country) Philadelphia, Pennsylvania
13. FATHER'S NAME John Latouch			12. CITIZEN OF WHAT COUNTRY? ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes W. W. I			16. SOCIAL SECURITY NO.		
17. INFORMANT Mary E. Latouch, 1624 Cypress Street			ADDRESS		

18. 491X and 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHOPNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty liver Chronic alcoholism		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. Howard</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/8/53		24C. NAME OF CEMETERY OR CREMATORY U. S. National	
DATE RECEIVED BY LOCAL REGISTRAR MAY 8 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i> ADDRESS 1217 St. Paul Street	

VS 151

585 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 4391	
BIRTH NO. 53 4391					
1. NAME OF DECEASED (Type or Print) MARGARET DE PAZ			2. DATE OF DEATH May 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1304^N Eutaw Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04		
c. Length of stay in Baltimore 12 yrs			D. STREET ADDRESS (If rural, give location) 1304 Eutaw Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 22, 1905	9. AGE (In years last birthday) 48	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10B. KIND OF BUSINESS OR INDUSTRY Capital Bar		11. BIRTHPLACE (State or foreign country) Penn	
13. FATHER'S NAME Edward Smalley			14. MOTHER'S MAIDEN NAME Annie Rhoades		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Ruth S. Beans Reading Pa	
18. 322.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Chronic alcoholism DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
19. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/8/53		24C. NAME OF CEMETERY OR CREMATORY Woodson Park	
24D. LOCATION (City, town, or county) (State) Baltimore MD		25. FUNERAL DIRECTOR ADDRESS Huntington Williams [Signature] 2502 E. [Signature]			
DATE RECEIVED BY LOCAL REGISTRAR MAY 8 1953		REGISTRAR'S SIGNATURE Huntington Williams [Signature]			

1863

1863



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

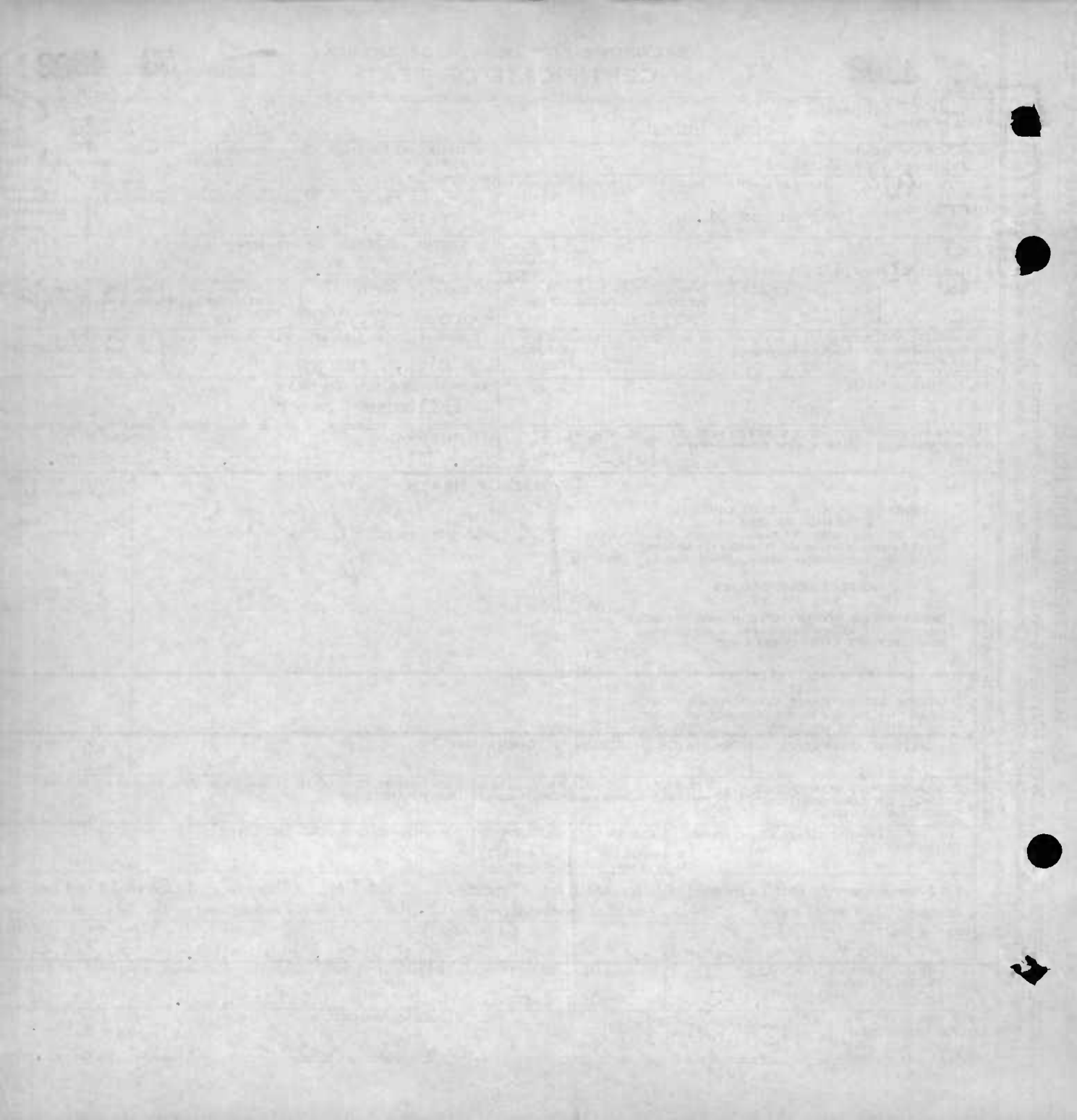
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4392**
4392BIRTH NO. **53 4392**

1. NAME OF DECEASED (Type or Print) Joseph Huber			2. DATE OF DEATH May 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1341 James St.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore, Md. 21-02		
c. Length of stay in Baltimore 26 Yrs. WEEK Days			D. STREET ADDRESS (If rural, give location) 1341 James St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 7, 1900	9. AGE (In years last birthday) 52 years	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Instrument Maker			10B. KIND OF BUSINESS OR INDUSTRY Bendix Aviation		
11. BIRTHPLACE (State or foreign country) Munich, Germany			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph Huber			14. MOTHER'S MAIDEN NAME Philomena Greger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 214-03-2782		
17. INFORMANT			ADDRESS Mrs. Helen Keller Huber, 1341 James St.		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the rectum DUE TO (A) 10 months		INTERVAL BETWEEN ONSET AND DEATH 10 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION May 9, 1953		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July , 1952, to May 5 , 1953, that I last saw the deceased alive on May 5 , 1953, and that death occurred at 11.50 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Herbert J. Levickas		23B. ADDRESS 5305 East Drive, Arbutus, Md.		23C. DATE SIGNED 5/7/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 9, 1953		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Huntington Williams, Mr. Fred A. Cole		24F. ADDRESS 1913 West Baltimore St.	

5443T



N-552 CERTIFICATE CORRECTED 5-25-53

53 4393

BALTIMORE CITY HEALTH DEPARTMENT

53 4393

Registered No. 4393

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

E.

Mr. Solomon Nonemaker

2. DATE
OF
DEATH

May 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 23,

20-05

D. STREET ADDRESS (If rural, give location)

2242 Wilkins Ave

C. Length of stay in Baltimore

35

Yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-2-1895

9. AGE (in years
last birthday)

58 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Woodmaker Wood Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Lumber Business

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henry Nonemaker

14. MOTHER'S MAIDEN NAME

Melinda Wurley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War 1

16. SOCIAL
SECURITY NO.

215-09-4911

17. INFORMANT

ADDRESS

Records - St. Agnes Hospital

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral embolic phenomenon
Q. S. C. V. D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocardial degeneration
Q. S. C. V. D.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7:00 PM, 1953 to 5-7, 1953, that I last saw the
deceased alive on 5-7, 1953, and that death occurred at 10:50 AM, from the causes and on the date stated above.

23A. SIGNATURE

George J. Stein

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National
Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Fred H. Cole

ADDRESS

1913 W.

Baltimore St.

VS 150

69032

00151 00

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

1968



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11-252
53 4394BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4394
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN CHARLES MCGINNIS		2. DATE OF DEATH May 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1122 Cook's Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1122 Cook's Lane			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 22, 1878	9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Std.		10B. KIND OF BUSINESS OR INDUSTRY U. S. Gov't.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Edward F. McGinnis		14. MOTHER'S MAIDEN NAME Rosana Fitzpatrick			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 213-14-9931		17. INFORMANT ADDRESS Mrs. Regina Martin-1122 Cooks Lane	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure Coronary Thrombosis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1, 1953 , to May 5, 1953 , that I last saw the deceased alive on May 5, 1953 , and that death occurred at 41 m., from the causes and on the date stated above.					
23A. SIGNATURE Albert Scagnetti		23B. ADDRESS 1724 W Lombard St		23C. DATE SIGNED 5/6/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/9/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24F. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR J. Vicker & Sons	
VS 150		69091		Balto 17, Md.	

1931

23

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1931

ORIGINAL FOR RECORDING DEPARTMENT
 BALTIMORE CITY HEALTH DEPARTMENT

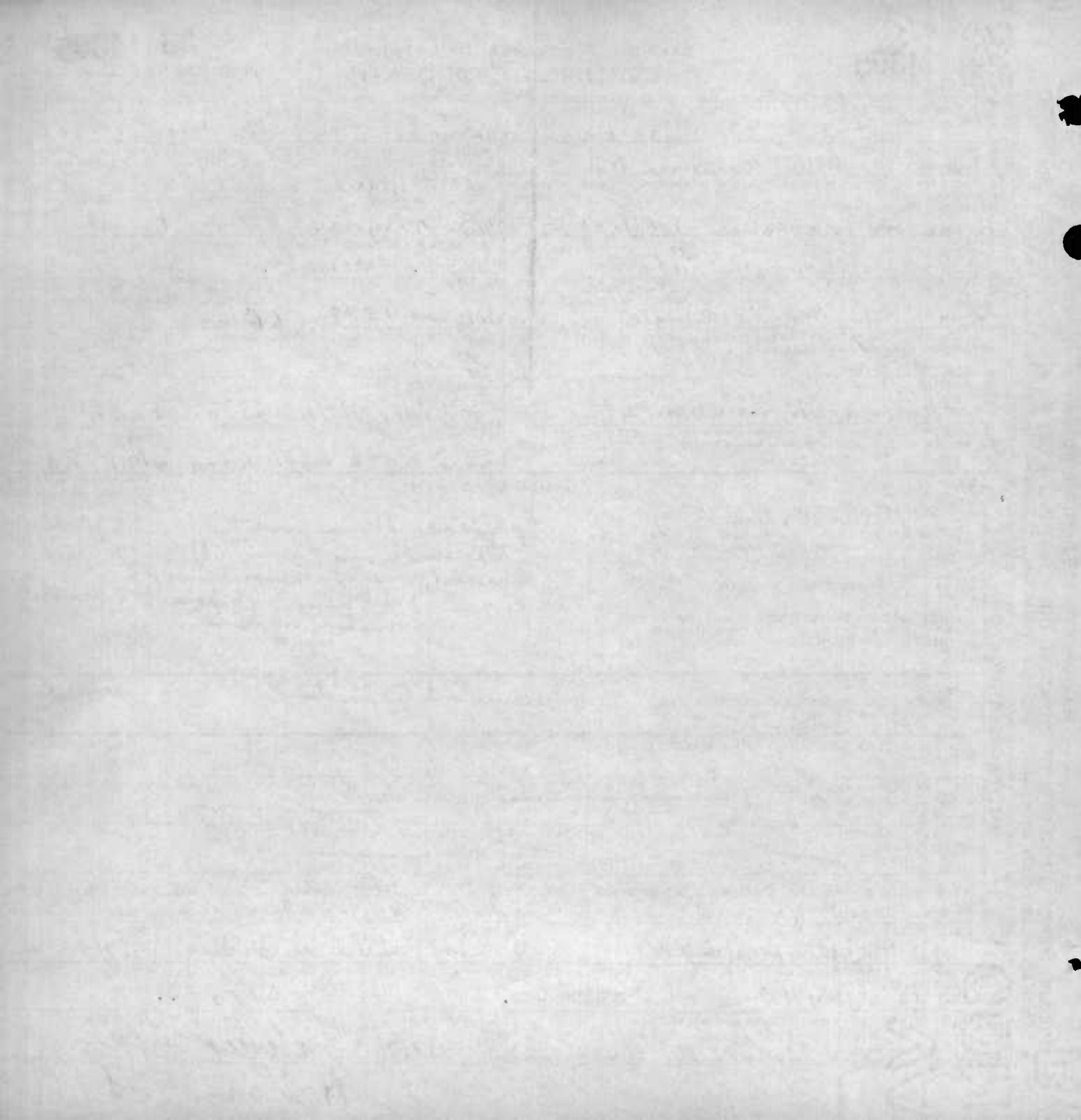
1. Name of deceased: [illegible]
 2. Sex: [illegible]
 3. Age: [illegible]
 4. Date of birth: [illegible]
 5. Place of birth: [illegible]
 6. Date of death: [illegible]
 7. Place of death: [illegible]
 8. Cause of death: [illegible]
 9. Date of burial: [illegible]
 10. Place of burial: [illegible]
 11. Name of funeral home: [illegible]
 12. Name of physician: [illegible]
 13. Name of coroner: [illegible]
 14. Name of registrar: [illegible]
 15. Name of undertaker: [illegible]
 16. Name of cemetery: [illegible]
 17. Name of church: [illegible]
 18. Name of minister: [illegible]
 19. Name of sexton: [illegible]
 20. Name of sexton's wife: [illegible]
 21. Name of sexton's daughter: [illegible]
 22. Name of sexton's son: [illegible]
 23. Name of sexton's daughter-in-law: [illegible]
 24. Name of sexton's son-in-law: [illegible]
 25. Name of sexton's daughter-in-law: [illegible]
 26. Name of sexton's son-in-law: [illegible]
 27. Name of sexton's daughter-in-law: [illegible]
 28. Name of sexton's son-in-law: [illegible]
 29. Name of sexton's daughter-in-law: [illegible]
 30. Name of sexton's son-in-law: [illegible]

53 4395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4395
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Schmidt, Miss Anna Gertrude</u>			2. DATE OF DEATH <u>May 7, 1953</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>Baltimore Md.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Baltimore</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home for Incurables - 700 W. 40th ST</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>15-03</u>		
6. Length of stay in Baltimore <u>Life</u> Yrs. <u>70</u> Mos. <u></u> Days <u></u>			d. STREET ADDRESS (If rural, give location) <u>1725 N. Bentalou St.</u>		
7. SEX <u>Female</u>	8. COLOR OR RACE <u>White</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	10. DATE OF BIRTH <u>July 20, 1887</u>		11. AGE (In years last birthday) <u>65 yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Frederick J Schmidt</u>			14. MOTHER'S MAIDEN NAME <u>Phillipina Steinbach</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>S. E. Ross - 6411 Windsor Mill Rd -</u>	
18. <u>293X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cardiac Decompensation</u> DUE TO <u>arteriosclerosis (generalized) - Anemia (Normocytic, normochromic probably secondary to bone marrow hypoplasia)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 Weeks</u> <u>2 year</u> <u>3 months</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Rheumatoid Arthritis</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
19a. DATE OF OPERATION <u>May 6, 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 8, 1952</u> to <u>May 7, 1953</u> that I last saw the deceased alive on <u>May 6, 1953</u> and that death occurred at <u>9:10 A.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Grafton Hersperger</u>		23b. ADDRESS <u>214 Medical Arts Building</u>		23c. DATE SIGNED <u>5/7/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/9/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lorraine Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Woodlawn, Md.</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D. & Sons</u> <u>Balto 17, Md.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 8 - 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D. & Sons</u>			



TO BE APPROVED BY MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4386****53 4386**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gliss, George

2. DATE
OF
DEATH

May 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2524 Harford Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 2, 1873

9. AGE (In years
last birthday)

79

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

clerk (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Tea And Spice Mfr

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Gliss

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-05-1665

17. INFORMANT

ADDRESS

Miss Mildred Gliss - 2524 Harford Rd.

18. E900.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Fracture neck of rt. femur
Dislocated rt. sacro-spir. fracture
both pubic rami rt. and

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

15 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Pulmonary emphysema
Cardiac asthma, coronary atherosclerosisCERTIFICATION APPROVED BY
William V. Smith, M.D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Own home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2524 Harford Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 5, 1953 at 11:30 a.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down cellar stairs at home

22. I hereby certify that I attended the deceased from May 5, 1953 to May 6, 1953 that I last saw the
deceased alive on May 6, 1953, and that death occurred at 3:26 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Smith

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

May 6, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/9/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. H. Smith

25. FUNERAL DIRECTOR

Wm. J. Tiekener & Sons

ADDRESS

Balto 17, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

HEALTH DEPARTMENT
BALTIMORE CITY
JAN 17 1961

John F. Dickerson
Baltimore, Md.
1961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-2-50
53 MAF/166368
4387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4387
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Poole McShane

2. DATE
OF
DEATH May 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-06

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3006 Westwood Ave. zone 16

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Aug. 30, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year Months: Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert P. Hynes

14. MOTHER'S MAIDEN NAME

Ella I

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-Vascular Accident Multiple

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1953, to 5-7, 1953 that I last saw the deceased alive on 5-7, 1953, and that death occurred at 12:10 AM from the causes and on the date stated above.

23A. SIGNATURE

H. J. Hynes

M. O.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

5-7-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

5/11/53

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Elkridge, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 8 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons

ADDRESS

Balto 17, Md.

1947

July 1, 1947

July 1, 1947

July 1, 1947

July 1, 1947

July 1, 1947

July 1, 1947

July 1, 1947

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July 1, 1947

July 1, 1947

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4398 Registered No.	
BIRTH NO. 53 4398				2. DATE OF DEATH May 6, 1953	
1. NAME OF DECEASED (Type or Print) JACK A. EVANS					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-05	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1017 N. Bentalou Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 11, 1916		9. AGE (in years last birthday) 37
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME George T. Evans				14. MOTHER'S MAIDEN NAME Rose Emma Myers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		(If yes, give war or dates of service) World War II		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Virginia Evans-1017 N. Bentalou St.				ADDRESS	
18. E 800 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Struck by lightning DUE TO A. (A) B. (B) C. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Railroad Yard		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Port Covington 24-4 Western Maryland Railroad Yard,	
21D. TIME (Month) (Day) (Year) (Hour) May 6, 1953 4:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by lightning while on freight car	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. L. Williams				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED May 7, 1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/9/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. FUNERAL DIRECTOR Wm. J. Tichener & Sons		24F. ADDRESS Balto 17. Md.	
24G. DATE RECEIVED BY LOCAL REGISTRAR MAY 8-1953		24H. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24I. ADDRESS Balto 17. Md.	

Wm. J. Tolson
June 11, 1900

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-656

53 4399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4399

BIRTH NO. 53 4399

1. NAME OF DECEASED (Type or Print) **ROSCOE B. WARNER**

2. DATE OF DEATH **May 6, 1953**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**
B. FULL NAME OF (If not in hospital or institution, give street address or location)
South Baltimore General Hospital
C. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **Maryland**
B. COUNTY _____
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 22-01
D. STREET ADDRESS (If rural, give location)
419 S. Hanover Street

5. SEX **Male**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH **Oct 1, 1903**

9. AGE (In years last birthday) **49**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shipyard**

11. BIRTHPLACE (State or foreign country) **Maryland**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **Harry Warner**

14. MOTHER'S MAIDEN NAME **Mary E. Phillips**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **Mr. Thurman Warner** ADDRESS _____

18. **443 X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive cardiovascular disease
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **William Wood**

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **May 7, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **May 9, 1953**

24C. NAME OF CEMETERY OR CREMATORY **Windy Hill**

24D. LOCATION (City, town, or county) (State) **Talbot Co. Maryland**

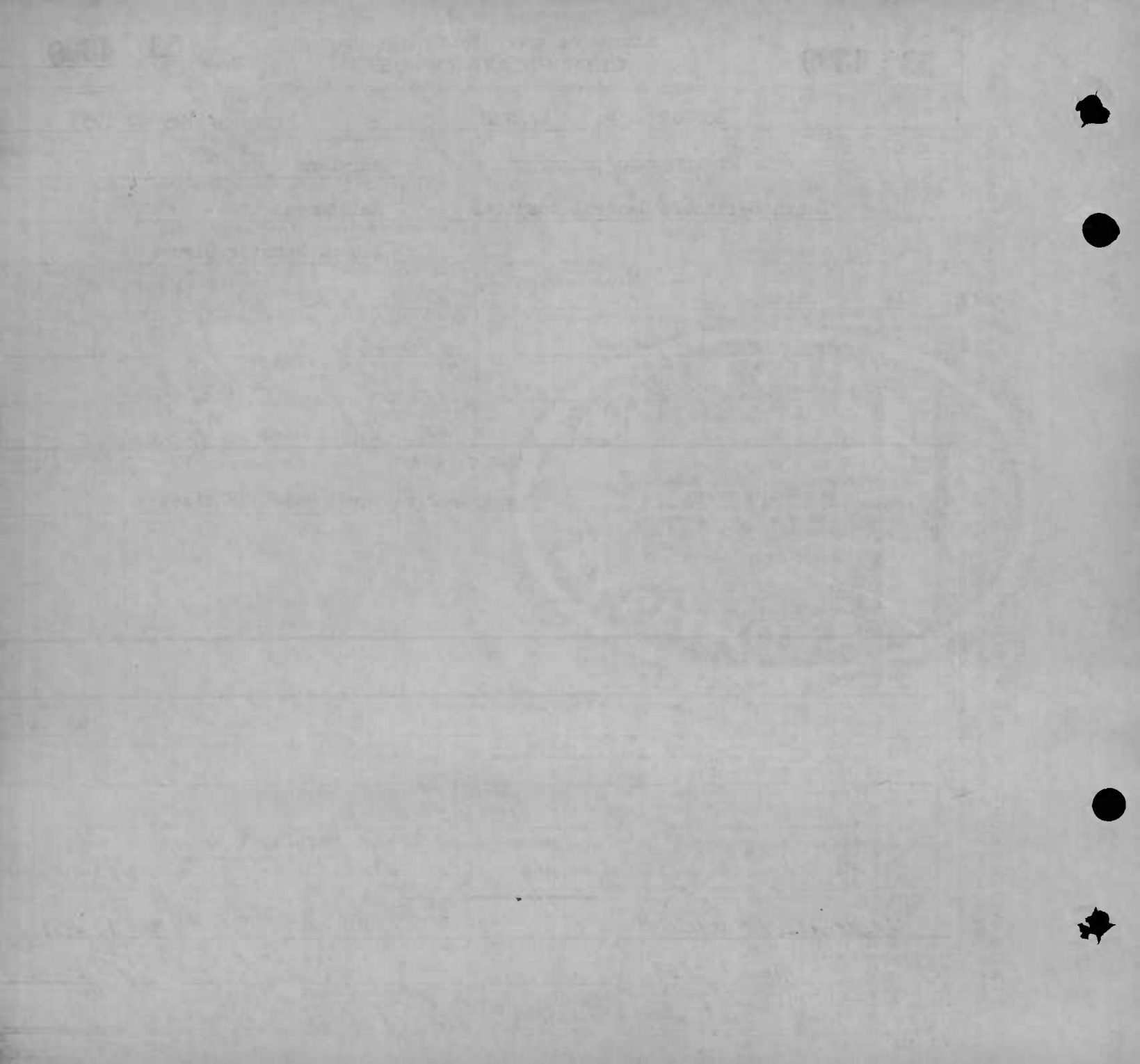
DATE RECEIVED BY LOCAL REGISTRAR **MAY 8 - 1953**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR **C. Mitchell & Sons Inc.** ADDRESS **1900 Entow Place Balt. 17 MD**

V S 151

970 BU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4400

442* 53 4400 Registered No.

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
(b) Street address: 2622 Rittenhouse Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:

- (a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2622 Rittenhouse Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A. years

3 (a) FULL NAME

Sarah Amelia Rittenhouse Ulbrich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

Female

5. Color or race

White

6 (a) Single, married, widowed, or divorced.

Widowed

6 (b) Name of husband or wife

J. Harry Ulbrich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

October 26, 1876

8. AGE:

76

Years

7

Months

Days

If less than one day

hr.

min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual Occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

James Rittenhouse Sr.

13. Birthplace

Baltimore County, Md.

14. Maiden Name

May Josephine Craggs

15. Birthplace

Anne Arundel County, Md.

16 (a) Informant

Blanche R. Hancock

(b) Address

2622 Rittenhouse Avenue

17 (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

MAY 9, 1953

(month) (day) (year)

(c) Cemetery or crematory

LOUDON PARK

Location

BALTIMORE, Md.

18 (a) Funeral director

John O. Mitchell Sons Inc.

(b) Address

1980 E. Catoe Place

19 (a)

MAY 8 - 1953

(b) Registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 7, 1953, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1953 to May 7, 1953 and that I last saw her alive on May 6, 1953

Immediate cause of death

arteriosclerotic Cardio-vascular renal disease

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature

Karl F. Welch, M.D.

Address

118 Chase Street

Date signed

M. D.

5/7/53

RECEIVED

CERTIFICATE OF DEATH

DATE OF DEATH
1936
JAN 15
11:30 AM
U.S. DEPT. OF HEALTH
DIVISION OF VITAL STATISTICS

U.S. DEPT. OF HEALTH
DIVISION OF VITAL STATISTICS
BUREAU OF VITAL STATISTICS
WASHINGTON, D.C.

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
JAMES EARL RAY		M		35		JAN 15 1901		MOBILE, ALABAMA	
6. OCCUPATION		7. CAUSE OF DEATH		8. PLACE OF DEATH		9. TIME OF DEATH		10. SIGNATURE OF REGISTRAR	
SALES MAN		HEART DISEASE		HOME		11:30 AM		J. H. [Signature]	
11. MARITAL STATUS		12. EDUCATION		13. RELIGION		14. RACE		15. COLOR	
MARRIED		HIGH SCHOOL		METHODIST		WHITE		WHITE	
16. DATE OF MARRIAGE		17. NAME OF SPOUSE		18. NAME OF FATHER		19. NAME OF MOTHER		20. NAME OF BROTHERS	
JAN 15 1936		JANE E. RAY		JAMES EARL RAY		MARY E. RAY		JOHN E. RAY	
21. NAME OF SISTERS		22. NAME OF UNCLE		23. NAME OF AUNT		24. NAME OF GRANDFATHER		25. NAME OF GRANDMOTHER	
ELIZABETH E. RAY		JAMES EARL RAY		MARY E. RAY		JAMES EARL RAY		MARY E. RAY	
26. NAME OF NEPHEW		27. NAME OF NIECE		28. NAME OF SON		29. NAME OF DAUGHTER		30. NAME OF BROTHER-IN-LAW	
JOHN E. RAY		ELIZABETH E. RAY		JAMES EARL RAY		MARY E. RAY		JANE E. RAY	
31. NAME OF SISTER-IN-LAW		32. NAME OF BROTHER-IN-LAW		33. NAME OF SON-IN-LAW		34. NAME OF DAUGHTER-IN-LAW		35. NAME OF GRANDSON	
JANE E. RAY		JAMES EARL RAY		MARY E. RAY		JAMES EARL RAY		MARY E. RAY	
36. NAME OF GRANDDAUGHTER		37. NAME OF GRANDSON		38. NAME OF GREAT-GRANDFATHER		39. NAME OF GREAT-GRANDMOTHER		40. NAME OF GREAT-GRANDSON	
ELIZABETH E. RAY		JOHN E. RAY		JAMES EARL RAY		MARY E. RAY		JANE E. RAY	
41. NAME OF GREAT-GRANDDAUGHTER		42. NAME OF GREAT-GRANDSON		43. NAME OF GREAT-GRANDFATHER		44. NAME OF GREAT-GRANDMOTHER		45. NAME OF GREAT-GRANDSON	
JANE E. RAY		JAMES EARL RAY		MARY E. RAY		JAMES EARL RAY		MARY E. RAY	
46. NAME OF GREAT-GRANDDAUGHTER		47. NAME OF GREAT-GRANDSON		48. NAME OF GREAT-GRANDFATHER		49. NAME OF GREAT-GRANDMOTHER		50. NAME OF GREAT-GRANDSON	
ELIZABETH E. RAY		JOHN E. RAY		JAMES EARL RAY		MARY E. RAY		JANE E. RAY	
51. NAME OF GREAT-GRANDDAUGHTER		52. NAME OF GREAT-GRANDSON		53. NAME OF GREAT-GRANDFATHER		54. NAME OF GREAT-GRANDMOTHER		55. NAME OF GREAT-GRANDSON	
JANE E. RAY		JAMES EARL RAY		MARY E. RAY		JAMES EARL RAY		MARY E. RAY	
56. NAME OF GREAT-GRANDDAUGHTER		57. NAME OF GREAT-GRANDSON		58. NAME OF GREAT-GRANDFATHER		59. NAME OF GREAT-GRANDMOTHER		60. NAME OF GREAT-GRANDSON	
ELIZABETH E. RAY		JOHN E. RAY		JAMES EARL RAY		MARY E. RAY		JANE E. RAY	
61. NAME OF GREAT-GRANDDAUGHTER		62. NAME OF GREAT-GRANDSON		63. NAME OF GREAT-GRANDFATHER		64. NAME OF GREAT-GRANDMOTHER		65. NAME OF GREAT-GRANDSON	
JANE E. RAY		JAMES EARL RAY		MARY E. RAY		JAMES EARL RAY		MARY E. RAY	
66. NAME OF GREAT-GRANDDAUGHTER		67. NAME OF GREAT-GRANDSON		68. NAME OF GREAT-GRANDFATHER		69. NAME OF GREAT-GRANDMOTHER		70. NAME OF GREAT-GRANDSON	
ELIZABETH E. RAY		JOHN E. RAY		JAMES EARL RAY		MARY E. RAY		JANE E. RAY	
71. NAME OF GREAT-GRANDDAUGHTER		72. NAME OF GREAT-GRANDSON		73. NAME OF GREAT-GRANDFATHER		74. NAME OF GREAT-GRANDMOTHER		75. NAME OF GREAT-GRANDSON	
JANE E. RAY		JAMES EARL RAY		MARY E. RAY		JAMES EARL RAY		MARY E. RAY	
76. NAME OF GREAT-GRANDDAUGHTER		77. NAME OF GREAT-GRANDSON		78. NAME OF GREAT-GRANDFATHER		79. NAME OF GREAT-GRANDMOTHER		80. NAME OF GREAT-GRANDSON	
ELIZABETH E. RAY		JOHN E. RAY		JAMES EARL RAY		MARY E. RAY		JANE E. RAY	
81. NAME OF GREAT-GRANDDAUGHTER		82. NAME OF GREAT-GRANDSON		83. NAME OF GREAT-GRANDFATHER		84. NAME OF GREAT-GRANDMOTHER		85. NAME OF GREAT-GRANDSON	
JANE E. RAY		JAMES EARL RAY		MARY E. RAY		JAMES EARL RAY		MARY E. RAY	
86. NAME OF GREAT-GRANDDAUGHTER		87. NAME OF GREAT-GRANDSON		88. NAME OF GREAT-GRANDFATHER		89. NAME OF GREAT-GRANDMOTHER		90. NAME OF GREAT-GRANDSON	
ELIZABETH E. RAY		JOHN E. RAY		JAMES EARL RAY		MARY E. RAY		JANE E. RAY	
91. NAME OF GREAT-GRANDDAUGHTER		92. NAME OF GREAT-GRANDSON		93. NAME OF GREAT-GRANDFATHER		94. NAME OF GREAT-GRANDMOTHER		95. NAME OF GREAT-GRANDSON	
JANE E. RAY		JAMES EARL RAY		MARY E. RAY		JAMES EARL RAY		MARY E. RAY	
96. NAME OF GREAT-GRANDDAUGHTER		97. NAME OF GREAT-GRANDSON		98. NAME OF GREAT-GRANDFATHER		99. NAME OF GREAT-GRANDMOTHER		100. NAME OF GREAT-GRANDSON	
ELIZABETH E. RAY		JOHN E. RAY		JAMES EARL RAY		MARY E. RAY		JANE E. RAY	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4401****53 4401**
BIRTH NO.1. NAME OF DECEASED
(Type or Print)**ALBERT****WILTSHIRE**2. DATE
OF
DEATH **May 2, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

ST. JOSEPH'S HOBPTAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

18 West Preston Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**widowed**

8. DATE OF BIRTH

Dec. 25,9. AGE (In years
last birthday)**70**10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Ret. Janitor**10B. KIND OF BUSINESS OR
INDUSTRY**Belvedere Hotel**

11. BIRTHPLACE (State or foreign country)

Philadelphia - Penna.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William W. Wiltshire

14. MOTHER'S MAIDEN NAME

Catherine Pierce15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.**212-20-7646**

17. INFORMANT

- Mrs. Carolyn Dranyon Orem St.

ADDRESS

302418. **420.0**

CAUSE OF DEATH

Phila. 34 Pa.INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Arterio Sclerotic Heart Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

RBF

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☐ **May 2, 1953**
MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5-9-53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**MAY 8-1953**

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

McLeonard

ADDRESS

5305 Bayford

VS 151

7708B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-420
53 4402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4402

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		THOMAS GEORGE WALLACE		2. DATE OF DEATH May 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02			
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 233 S. Durham Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10, 1922		9. AGE (in years last birthday) 30	10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe-fitter			10B. KIND OF BUSINESS OR INDUSTRY Pipe Mfg.			11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME George Wallace			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No -			16. SOCIAL SECURITY NO. 215 14 9280		14. MOTHER'S MAIDEN NAME Ida Piechocki		
17. INFORMANT Mrs. Eleanor Wallace, 233 S. Durham Street			ADDRESS				
18. 410X CAUSE OF DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic heart disease with mitral and aortic insufficiency							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William V. Lovett				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED May 7, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/9/53		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus		24D. LOCATION (City, State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAY 8-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE Charles D. Sadowski			

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4403****53 4403**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**James Gunther**2. DATE
OF
DEATH**May 7, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. Md.**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**Md.**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**St. Agnes Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

1934 Hollins St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**DIVORCED**

8. DATE OF BIRTH

7-1-18909. AGE (In years
last birthday)**63**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**MAINTENANCE WORK**10B. KIND OF BUSINESS OR
INDUSTRY**BALTO. Police Dept**

11. BIRTHPLACE (State or foreign country)

BALTO - Md12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

William

14. MOTHER'S MAIDEN NAME

Margaret15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MISS**GUNTHER-1934 HOLLINS ST**18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Comp. Heart Failure

(C)

Left hemiplegiaII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **November, 1952** to **5-7**, 1953 that I last saw the
deceased alive on **5-7**, 1953 and that death occurred at **10:25 Am.**, from the causes and on the date stated above.

23A. SIGNATURE

George Stein

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5-7-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

MAY-11-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

old Frederick Rd. BALTO. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**MAY 8-1953**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

THOMAS J. KENNY, Inc. 1600 Hollins St

53 4404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 4404
Registered No.

BIRTH NO. 50-17858

1. NAME OF DECEASED
(Type or Print)

Cover, Stephen Michael

2. DATE
OF
DEATH

5/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2914 Church Road #14

c. Length of stay in Baltimore

Lifetime

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 18 - 1950

9. AGE (in years

last birthday)

21

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George H.M. Cover Jr.

14. MOTHER'S MAIDEN NAME

Frances Roeder.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

George Cover

2914 Church Rd.

18. 204.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Lymphocytic leukemia
Cardiac - resp. failureII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2/53, 1953, to 5/7, 1953 that I last saw the deceased alive on 5/7, 1953 and that death occurred at 11:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-11-53

Moreland Memorial

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 - 1953

Huntington Williams, M.D.

Chas F. Evans & Son

118 W. Mt. Royal Ave.

5-520
53 4405SUMOWSKI
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4405

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joanna

Sumowski

2. DATE
OF
DEATH

May 7 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF HOSPITAL OR INSTITUTION

321 S. Callington Ave

Baltimore

c. Length of stay in Baltimore

65 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 12 1880

9. AGE (In years last birthday)

73

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Wisniewski

14. MOTHER'S MAIDEN NAME

Mary Poplawski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 321

Latter Sumowski S. Callington Ave

18. E903.0 and 260x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

2 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

at home

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

321 S. Callington Ave

21D. TIME (Month) (Day) (Year) (Hour)

May 3 1953

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

accidental fall in her bedroom

22. I hereby certify that I attended the deceased from June 1951, to May 7, 1953, that I last saw the deceased alive on May 6, 1953, and that death occurred at 5:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Donald J. Temple

23B. ADDRESS

500 S. Rutledge St

23C. DATE SIGNED

5/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 11/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem

24D. LOCATION (City, town, or county)

Balto. County

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

John W. Welch

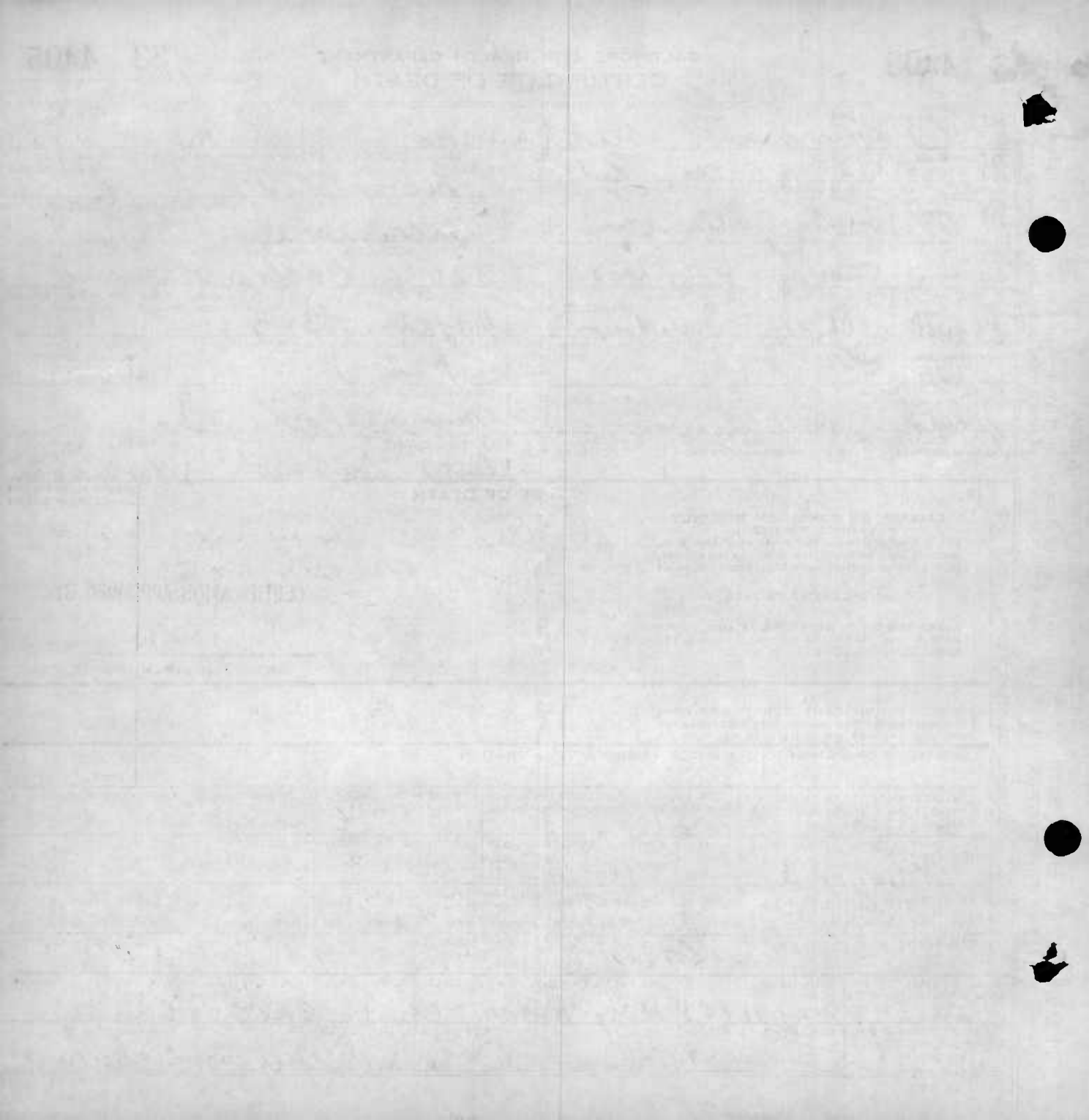
ADDRESS

401 S. Chestnut St

MAY 8-1953

VS 150

N 820.0



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4406 Registered No. 53 4406

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADAM J. SABLEWSKI (SOBOLEWSKI)

2. DATE OF DEATH May 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
510 S. Duncan Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

? About 60 ?

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Candle Maker

10B. KIND OF BUSINESS OR INDUSTRY
A. Gross Candle Co.

11. BIRTHPLACE (State or foreign country)
?

12. CITIZEN OF WHAT COUNTRY?
?

13. FATHER'S NAME

Dominik Sobolewski?

14. MOTHER'S MAIDEN NAME

Frances ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

J. Lacy Bradley and John Bradley

18. 795.5

CAUSE OF DEATH

A Gross candle C.

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Undetermined

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

William Hovell

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED May 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 9/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem

24D. LOCATION (City, town, or county) (State)

Balto. County

DATE RECEIVED BY LOCAL REGISTRAR

May 8-1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

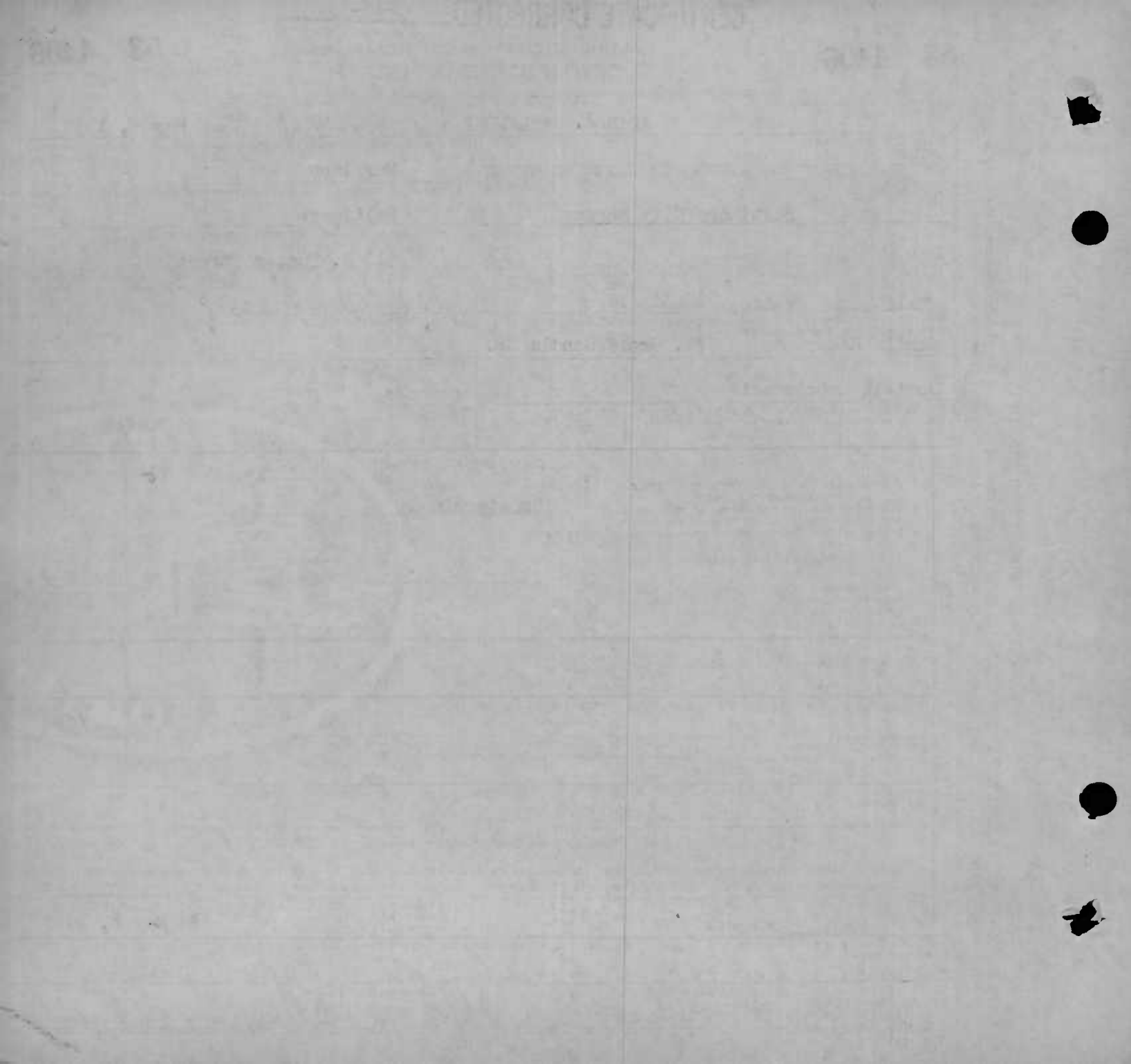
John M. Welby

ADDRESS

401 S. Chester St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4407****53 4407**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George A Walker*2. DATE
OF
DEATH*May 5, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

*Md.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*1459 Lawson St*

C. CITY OR TOWN

Balto.

(If outside corporate limits, write FULL name and give township)

24-01

D. STREET ADDRESS (If rural, give location)

1459 Lawson St.

c. Length of stay in Baltimore

40 yrs.

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*Aug. 15, 1887*9. AGE (In years
last birthday)*65*If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*sheet metal worker*10B. KIND OF BUSINESS OR
INDUSTRY*Davis & Dewell*

11. BIRTHPLACE (State or foreign country)

*Ossey, England*12. CITIZEN OF
WHAT COUNTRY?*England*

13. FATHER'S NAME

George Albert Walker

14. MOTHER'S MAIDEN NAME

*Mary Ann Aldrich*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*215-01-7717*

17. INFORMANT

*Mrs. George Walker*ADDRESS
*1459 Lawson St.*18. *421.4*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Acute Cardiac Dilatation*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Chronic Valvular*
DUE TO
(C) *Endocarditis*INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 20, 1953* to *May 5, 1953*, that I last saw the
deceased alive on *May 4, 1953*, and that death occurred at *1008* m., from the causes and on the date stated above.

23A. SIGNATURE

White Schenck

M. D.

23B. ADDRESS

1337 2 Charles St.

23C. DATE SIGNED

*5/8/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

5/9/53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town or county)

Balto. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles F. Dill

ADDRESS

1501 E. Fort Ave.

VALLEY

CONCRETE

BOARD

CONCRETE

U.S.A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-320
4408
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4408

1. NAME OF DECEASED (Type or Print) DOLORES AITES			2. DATE OF DEATH 5-7-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE PENNSYLVANIA B. COUNTY Allegheny		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McKeesport V-35		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 804 E PITTSBURG - McKeesport Blvd		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31-1925	9. AGE (In years last birthday) 27	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pittsburg - PENNA
13. FATHER'S NAME Joseph Pokito			14. MOTHER'S MAIDEN NAME Antoinette Curci		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. PATRICK W. Aites - SAME			ADDRESS		
18. 526X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema. DUE TO					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Post-op. Segmental lung resection DUE TO Bronchiectasis bilateral (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-26 , 19 53 , to 5-7 , 19 53 , that I last saw the deceased alive on 5-7 , 19 53 , and that death occurred at 4:45 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE John W. Losh...			23B. ADDRESS		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-12-53	24C. NAME OF CEMETERY OR CREMATORY MT Carmel Cem		24D. LOCATION (City, town, or county) (State) Penn Township Alle. PA
DATE RECEIVED BY LOCAL REGISTRAR MAY 8-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Rd	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 650
53 4409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4409
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Green

2. DATE
OF
DEATH

May 5, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

Acct Room

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

md

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-0A

D. STREET ADDRESS (if rural, give location)

1210 N. Caroline St.

C. Length of stay in Baltimore

50 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 25,

9. AGE (In years last birthday)

57 1/2

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Joseph Green

14. MOTHER'S MAIDEN NAME

Emma Askin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Generalized carcinomatosis, primary in the prostate gland

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5, 1953 to 5-5, 1953, that I last saw the deceased alive on 5-5, 1953, and that death occurred at 7:45 p.m., from the causes and on the date stated above

23A. SIGNATURE

Richard W. Green

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/9/1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Arbutus Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8-1953

REGISTRAR'S SIGNATURE

Huntington W. Wilson

25. FUNERAL DIRECTOR

Elroy O. Wilson / was Beauty exp

ADDRESS

VS 150

97099

OFFICIAL USE ONLY - DO NOT WRITE IN THESE SPACES
This is a preliminary report and should not be used for legal purposes. It is subject to change and should be used only for information.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED JAMES H. HALL		2. PLACE OF DEATH Baltimore City, Maryland	
3. SEX Male		4. RACE White	
5. DATE OF BIRTH 1910		6. DATE OF DEATH 1965	
7. STREET ADDRESS 1234 Main St.		8. CITY OR TOWN Baltimore	
9. COUNTY Baltimore		10. USUAL RESIDENCE 1234 Main St., Baltimore, Maryland	
11. FATHER'S NAME John H. Hall		12. MOTHER'S MAIDEN NAME Mary H. Hall	
13. WAS DECEASED EVER IN U.S. ARMED FORCES No		14. INTERVIEWED No	
15. CAUSE OF DEATH DISEASE OF CONSTITUTION DIRECTLY LEADING TO DEATH ANTICIPATED CAUSE DISEASE OF CONSTITUTION UNDERLYING CONDITION 16. DATE OF DEATH 1965			
17. SIGNATURE OF DECEASED JAMES H. HALL			
18. SIGNATURE OF PHYSICIAN J. H. HALL			
19. SIGNATURE OF FUNERAL DIRECTOR J. H. HALL			
20. SIGNATURE OF REGISTRAR J. H. HALL			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-200
53 4410BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4410

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Cook, Jr.

2. DATE OF DEATH
May 8, 19533. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

712 St. Paul Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

712 St. Paul Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 25, 1877

9. AGE (In years last birthday)

75

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Night Manager

10B. KIND OF BUSINESS OR INDUSTRY

Sherwood Hotel

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Cook, Sr.

14. MOTHER'S MAIDEN NAME

Mary Jane Wilmoth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Virginia McAllister, 712 St. Paul St

18. 420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Coronary Thrombosis

(A)

DUE TO

Friedlander's Pneumonia

(B)

DUE TO

Coronary Sclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

12 hours

6 weeks

2 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1948, to May 8, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 6:20 A.M., from the causes and on the date stated above

23A. SIGNATURE

Louis E. Vice

M. D.

23B. ADDRESS

920 St. Paul

23C. DATE SIGNED

May 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/11/53

24C. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

24D. LOCATION (City, town, or county)

Cumberland,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8-1953

Huntington Williams, Jr.

Wm Cook, Inc.,

1217 St. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4411**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SR. MARY ADELE McGRATH

2. DATE
OF
DEATH

MAY 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Slack Arm

D. STREET ADDRESS (If rural, give location)

Notch Cliff

5300

c. Length of stay in Baltimore

6 hrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Nov. 22, 1877

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher Nun

10B. KIND OF BUSINESS OR INDUSTRY

RELIGIOUS

11. BIRTHPLACE (State or foreign country)

Massachusetts

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

McGrath

14. MOTHER'S MAIDEN NAME

Shanahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Sr. M. Clara Notch Cliff nr Towson

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarct

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary arteriosclerosis

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary edema

1 1/2 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 6, 1953**, to **May 6, 1953**, that I last saw the deceased alive on **May 6, 1953**, and that death occurred at **8:40 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

May 6, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-9-1953

24C. NAME OF CEMETERY OR CREMATORY

Villa Maria Cemetery

24D. LOCATION (City, town, or county)

Notch Cliff nr Towson, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 8-1953

Huntington Hall

25. FUNERAL DIRECTOR

Charles S. Jester

ADDRESS

901 S. Conkling St. BALTO., Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

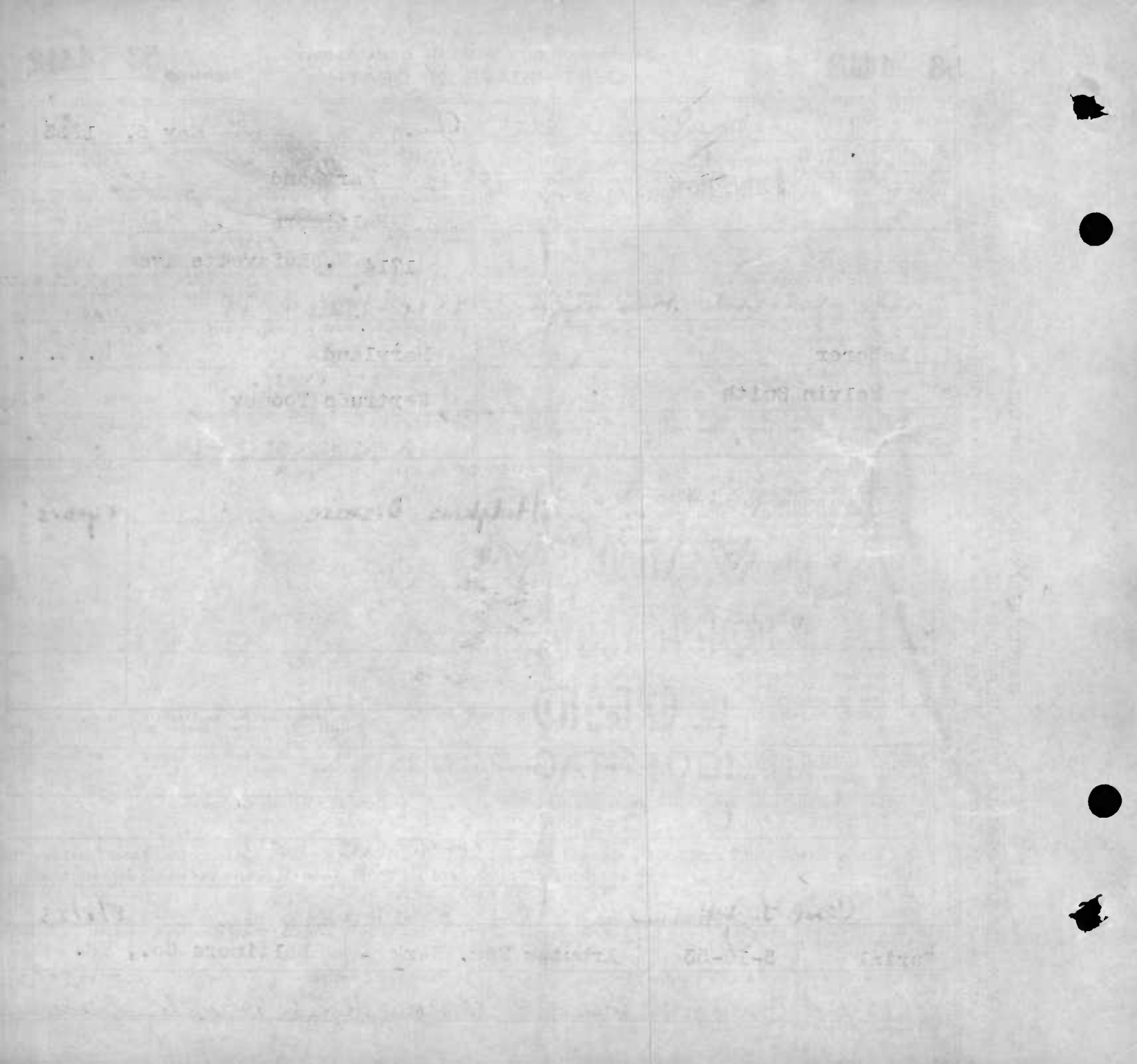
MARGIN RESERVED FOR BINDING

S-530
53 4412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4412

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Melvin Smith Jr.</i>		2. DATE OF DEATH <i>May 6, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Dist 2</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
7. Length of stay in Baltimore Yrs. <i>33</i> Mos. <i>16-03</i> Days		8. STREET ADDRESS (If rural, give location) <i>1714 W. Lafayette Ave</i>			
9. SEX <i>Male</i>	10. COLOR OR RACE <i>Colored</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	12. DATE OF BIRTH <i>9-10-1923</i>	13. AGE (In years last birthday) <i>19</i>	14. Under 1 Year Months Days 15. Under 24 Hours Hours Min.
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		17. KIND OF BUSINESS OR INDUSTRY		18. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
19. FATHER'S NAME <i>Melvin Smith</i>		20. MOTHER'S MAIDEN NAME <i>Gertrude Toomey</i>		21. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>	
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		23. SOCIAL SECURITY NO.		24. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
25. 201X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Hodgkins Disease</i>		26. CAUSE OF DEATH (A) <i>Hodgkins Disease</i> DUE TO (B) <i>Antecedent Causes</i> DUE TO (C) <i>Diseases or conditions, if any, giving rise to the above cause (A) stating the underlying condition last.</i>		27. INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>	
28. II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
29. DATE OF OPERATION <i>5-10-53</i>		30. CONDITION FOR WHICH OPERATION WAS PERFORMED		31. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
32. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		33. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		34. 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
35. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		36. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. 21F. HOW DID INJURY OCCUR?	
38. 22. I hereby certify that I attended the deceased from <i>4-4</i> , 19 <i>53</i> , to <i>5-6</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5-6</i> , 19 <i>53</i> , and that death occurred at <i>11:40 p.m.</i> , from the causes and on the date stated above.					
39. 23A. SIGNATURE <i>Carol G. Johnson</i>		40. 23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		41. 23C. DATE SIGNED <i>5/8/53</i>	
42. 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		43. 24B. DATE <i>5-10-53</i>		44. 24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>	
45. 24D. LOCATION (City, town, or county) <i>Baltimore Co., Md.</i>		46. 25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		47. ADDRESS <i>578 W. ...</i>	
48. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 8-1953</i>		49. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		50. 97099	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAR-170094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4413

BIRTH NO. 53 4413

1. NAME OF DECEASED (Type or Print) Donald Melvin Hall		2. DATE OF DEATH May 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1646 Warwick Avenue			
c. Length of stay in Baltimore Life			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 19, 1945
9. AGE (In years last birthday) 7 3/4		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Of kind of work done during most of working life, or if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY School	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Clarence Melvin Hall		14. MOTHER'S MAIDEN NAME Hazel Armstrong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H. 4940 Eastern Ave. (records)		ADDRESS	
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cirrhosis of the Liver DUE TO Diabetic Acidosis DUE TO 2 days		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5-5		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-5 19 53 to 5-5 19 53 , that I last saw the deceased alive on 5-5 19 53 , and that death occurred at 10:30 PM , from the causes and on the date stated above.			
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Ave., Balto., Md.	
23C. DATE SIGNED 5-5-1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-9-1953	
24C. NAME OF CEMETERY OR CREMATORY St. Peters		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 9-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR 1631 Druid Hill Ave.			

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4414**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George Banks*

2. DATE OF DEATH

5/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *MD.*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1011 W. Lafayette Ave.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 15, 1888

9. AGE (In years last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Industrial Plant

11. BIRTHPLACE (State or foreign country)

Dorchester Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Banks

14. MOTHER'S MAIDEN NAME

Martha Banks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

*1011 St. Lafayette Ave.*18. *450.0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Myocardial Failure, Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/16* 19*53*, to *5/7* 19*53*, that I last saw the deceased alive on *5/7* 19*53*, and that death occurred at *6* a. m., from the causes and on the date stated above.

23A. SIGNATURE

George Banks

M. D.

23B. ADDRESS

722 W. Fulton Ave

23C. DATE SIGNED

5/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

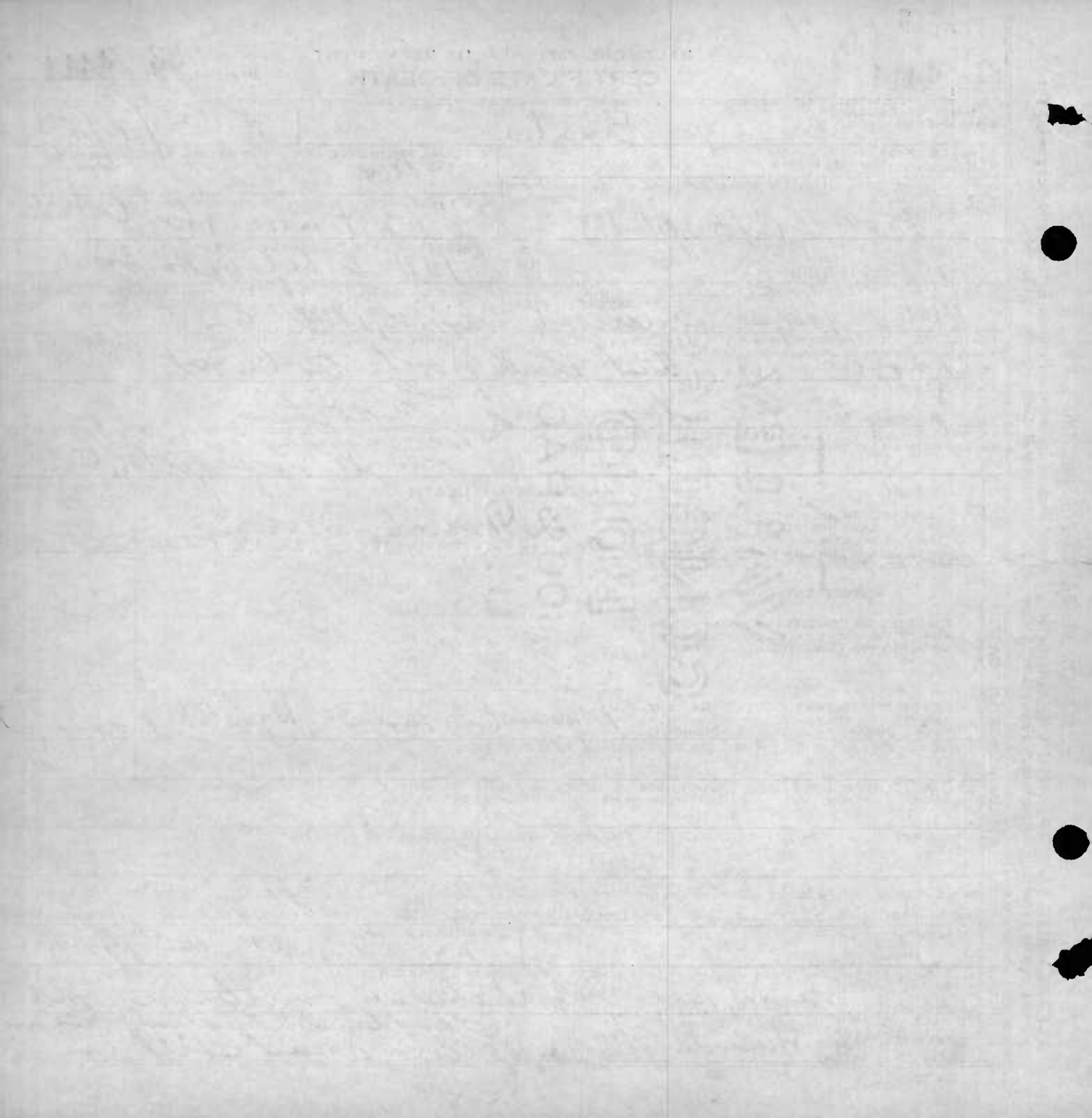
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

26. ADDRESS

MAY 9-1953

*Thurston Williams, M.D.**Funeral Home*



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

 MAR-168781
 53-4415

 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 53 4415

1. NAME OF DECEASED (Type or Print) Bessie		2. DATE OF DEATH May 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1718 McCulloh Street	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 22, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10B. KIND OF BUSINESS OR INDUSTRY PUT. FAMILY	9. AGE (In years last birthday) 56
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Smith		14. MOTHER'S MAIDEN NAME Mary Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B. C.H. 4940 Eastern Ave. (records)		ADDRESS	
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchiogenic Carcinoma, Rt. Lung DUE TO (B) _____ DUE TO (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-18 , 19 53 , to 5-5 , 19 53 , that I last saw the deceased alive on 5-5 , 19 53 , and that death occurred at 10 P m., from the causes and on the date stated above.			
23A. SIGNATURE <i>H. J. [Signature]</i>		23B. ADDRESS 4940 Eastern Ave., Balto., Md.	
23C. DATE SIGNED 5-5-1953		23D. LOCATION (City, town, or county) (State) Essex, Md.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 9, 1953	
24C. NAME OF CEMETERY OR CREMATORY Family lot		24D. LOCATION (City, town, or county) (State) Essex, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 9-1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Samuel Hill Co.</i>		ADDRESS <i>1631 [Address]</i>	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4416 Registered No.	
1. NAME OF DECEASED (Type or Print) KATHARINE DADD				2. DATE OF DEATH MAY 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL INC.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore 60 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 3901 COLBOURNE ROAD	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH April 15, 1892	9. AGE (in years last birthday) 61	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER			10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND
13. FATHER'S NAME JOHN ITTER			12. CITIZEN OF WHAT COUNTRY? U.S. A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 5		
14. MOTHER'S MAIDEN NAME EVA NOVAK			17. INFORMANT ADDRESS Gertrude Phillips 2506 WILKENS AVE		
18. 175X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INANITION DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. GENERALIZED ABDOMINAL CARCINOMATOSIS DUE TO CARCINOMA, OVARY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OOPHORECTOMY, LEFT				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Mos. 5 Mos.	
19A. DATE OF OPERATION FEB. 20, 1953		19B. MAJOR FINDINGS OF OPERATION GENERALIZED ABDOMINAL CARCINOMATOSIS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MARCH 1, 1953 , to MAY 7, 1953 , that I last saw the deceased alive on MAY 7, 1953 , and that death occurred at 1045 P m., from the causes and on the date stated above.					
23A. SIGNATURE Enilago Dr. Cana M.D.			23B. ADDRESS Mercy Hospital		23C. DATE SIGNED May 7, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE May 11, 1953	24C. NAME OF CEMETERY OR CREMATORY Louison Park		24D. LOCATION (City, town, or county) (State) BALTIMORE Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 9-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS George L. Schwab 2101 Frederick Ave	

DEPARTMENT OF HEALTH
STATE OF NEW YORK

1911

WILLIAM J. BROWN
MAY 7 1911

NEW YORK

TO THE COMMISSIONER OF HEALTH

NEW YORK

General Philip

RECEIVED
MAY 10 1911

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4417**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Barbara Beitz**2. DATE
OF
DEATH**May 7, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**331 South Bentalou St.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore City**

D. STREET ADDRESS (If rural, give location)

331 South Bentalou Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

Feb. 20, 18779. AGE (in years
last birthday)**76**10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY**At Home**

11. BIRTHPLACE (State or foreign country)

Germany12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

John Schneider

14. MOTHER'S MAIDEN NAME

Clara Fischer15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Nobel; 331 S. Bentalou St.18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Hypertensive Cardio-vascular Renal
Disease****about 5yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Coronary Thrombosis****2 days**(C) **Cerebral Apoplexy****6 months**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March**, 19**41**, to **May 6**, 1953, that I last saw the
deceased alive on **May 6**, 1953, and that death occurred at **5 Am.**, from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

516 Cathedral Street**May 8, 1953**24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

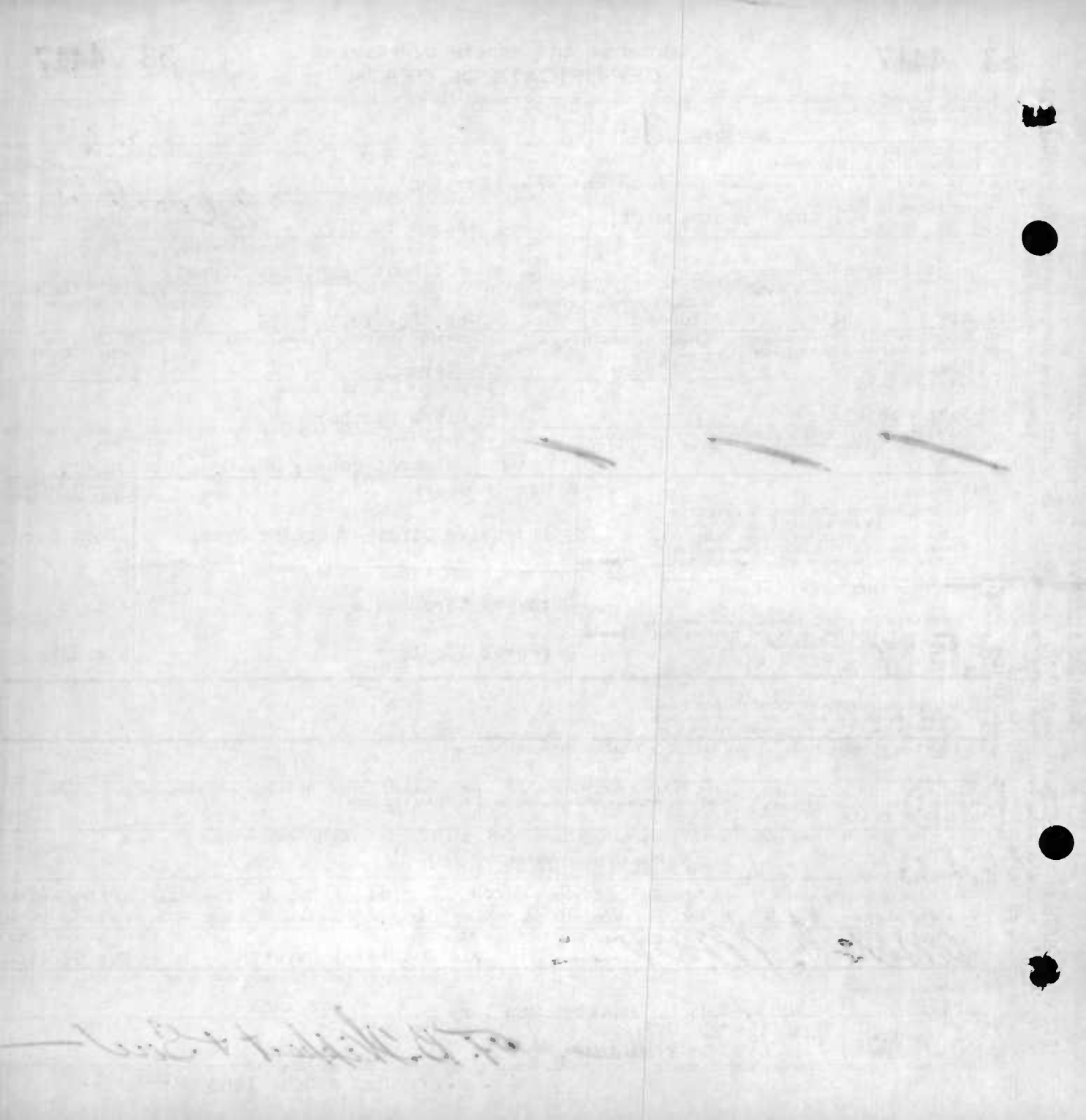
Burial**May 9, 1953****Oaklawn Cemetery****Maryland**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 9 - 1953**Huntington Williams, M.D. F. B. Wippery & Son**



MARGIN RESERVED FOR BINDING

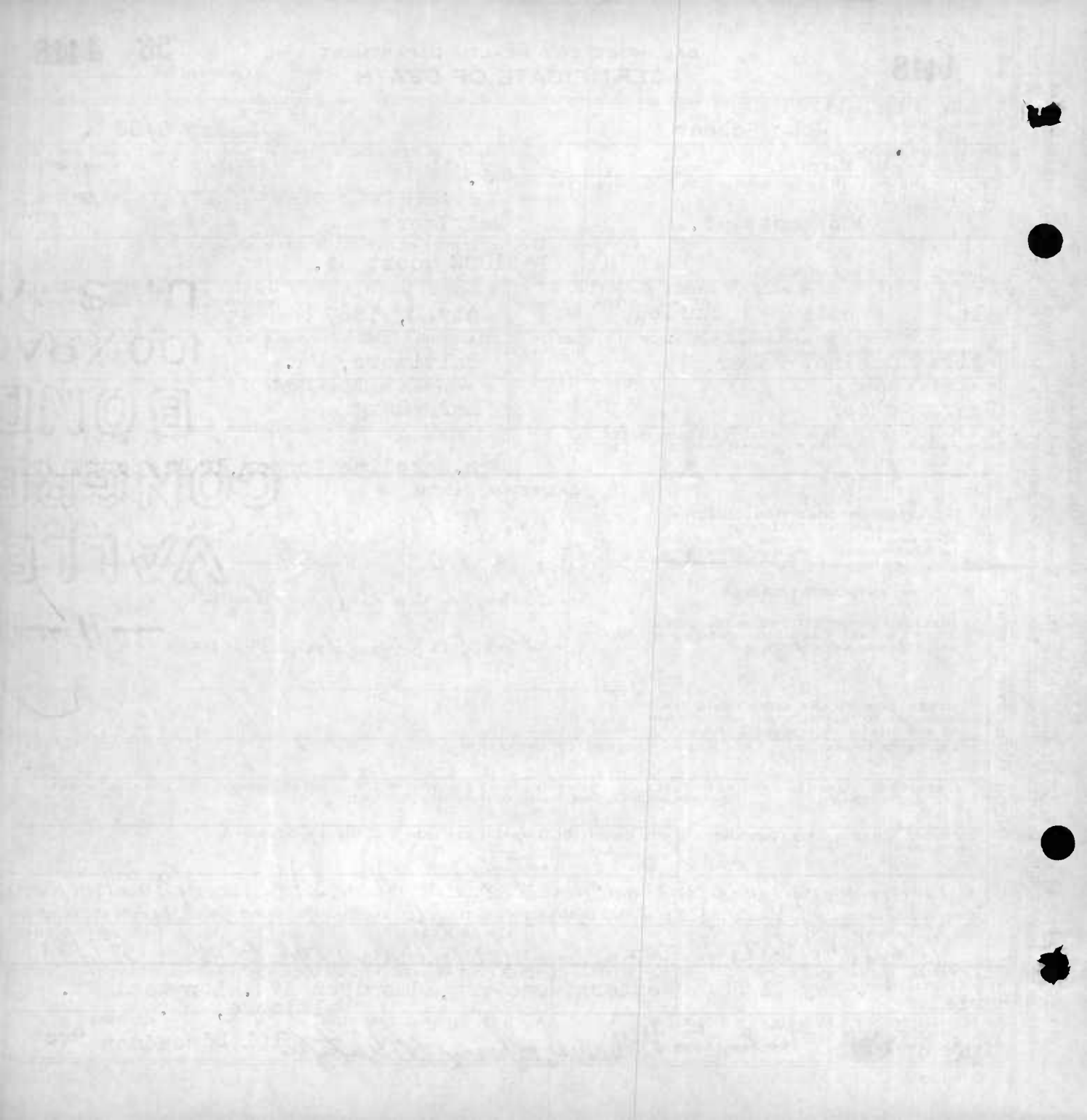
5-600
53 4418

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4418
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John Scheer		2. DATE OF DEATH May 8/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md. b. COUNTY 21-52		c. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) 1002 Scott St.		d. STREET ADDRESS (If rural, give location) 1002 Scott St.		c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1867	9. AGE (In year last birthday) 85	10. Under 1 Year Months: Days 11. Under 24 Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Henry Scheer		14. MOTHER'S MAIDEN NAME Mary Rang	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Caroline Scheer, 1002 Scott St	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Failure (A) DUE TO Generalized Arteriosclerosis (B) DUE TO Cardiovascular Disease (C) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4/8 , 19 53 , to 5/8 , 19 53 , that I last saw the deceased alive on 5/8 , 19 53 and that death occurred at 5a m., from the causes and on the date stated above.		23A. SIGNATURE Joseph G. Lawkarts	
23B. ADDRESS 69 Washington Blvd		23C. DATE SIGNED 5/9/53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE May 11/53		24C. NAME OF CEMETERY OR CREMATORY Western Cemetery, Edmondson Ave. & Longwood St.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 9-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4419**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Edward Joseph Neuberger Sr.,**2. DATE
OF
DEATH**May 7, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.B. FULL NAME OF
HOSPITAL OR
INSTITUTION**St. Joseph's Hospital**

(location)

1400 N. Caroline St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3312 McElderry St. #5

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 22, 1904.

9. AGE (In years

last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Bookkeeper**10B. KIND OF BUSINESS OR
INDUSTRY**U. S. F & G.**

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Andrew J. Neuberger

14. MOTHER'S MAIDEN NAME

Margaret Ulrich15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**no**

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edith Neuberger(wife) 3312 McElderry St.,

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **Myocardial Infarction**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Coronary Arteriosclerosis**

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 7,** 19**53**, to **May 7,** 19**53**, that I last saw the
deceased alive on **May 7,** 19**53**, and that death occurred at **11:35 pm** from the causes and on the date stated above.

23A. SIGNATURE

Carlos F. P.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

May 7, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5/11/53.

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park 1 Taylor Ave.,

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Schimunek Funeral Home Inc.

ADDRESS

2601-03-05 E. Madison Street.

STATE OF TEXAS
COUNTY OF DALLAS

1911

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office at the City of Dallas, Texas, this 1st day of January, 1911.

NOTARY PUBLIC

STATE OF TEXAS

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

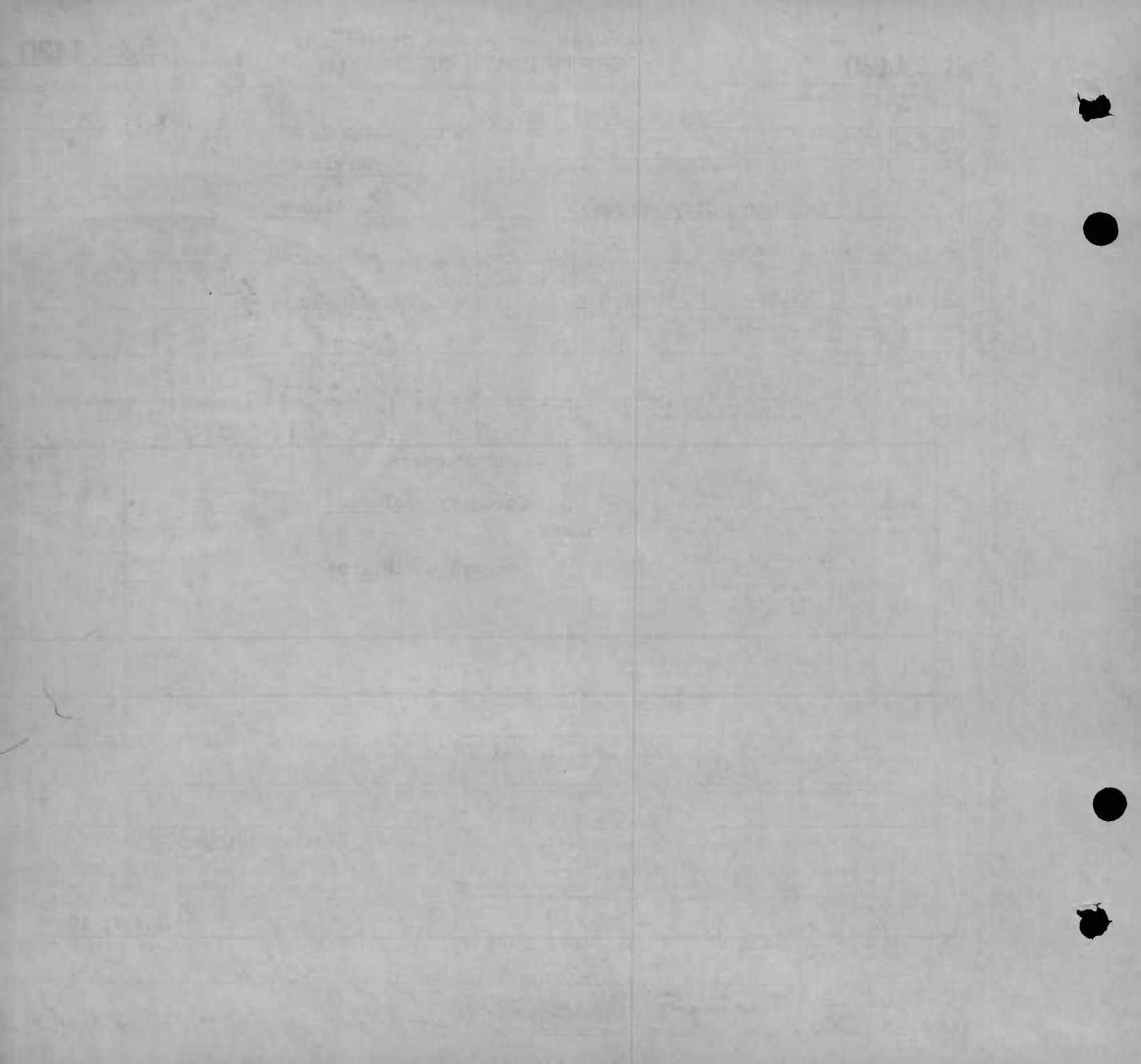
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4420**
K-652
53 4420

1. NAME OF DECEASED (Type or Print)		JOHN J. KARANOS		2. DATE OF DEATH May 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admittance) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 12 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 140 N. Linwood Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 12, 1905	9. AGE (In years last birthday) 48	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Greece	
13. FATHER'S NAME Mike Karanos		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 164-12-1601		17. INFORMANT Nick Solon, 217 E. Baltimore St	
18. 420.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary occlusion			
ANTECEDENT CAUSES		(B) Myocardial infarct			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Upchurch		23B. CHIEF MEDICAL EXAMINER... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED May 7, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/9/53		24C. NAME OF CEMETERY OR CREMATORY Lusk Cemetery, Baltimore, Md	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		25. FUNERAL DIRECTOR Cambras Inc., 4406 North Ave		ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
RICHARD PIERRE HODSHON		May 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 623 Rosedale St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 623 Rosedale St.	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 21, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed		10B. KIND OF BUSINESS OR INDUSTRY Home Improvements	9. AGE (In years last birthday) 55 54
13. FATHER'S NAME Ernest E. Hodshon		11. BIRTHPLACE (State or foreign country) West Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War I & II		12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Julie Bontelier	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Ruth M. Hodshon-623 Rosedale St.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO ANTECEDENT CAUSES CORONARY ARTERY DISEASE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 5 days
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 27, 1951, to May 7, 1953, that I last saw the deceased alive on May 6, 1953, and that death occurred at 7:15 AM, from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 4116 Edmondson Avenue	23C. DATE SIGNED May 8, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/9/53	24C. NAME OF CEMETERY OR CREMATORY St. Mark's Cem.	24D. LOCATION (City, town, or county) (State) Highland, Howard Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1953	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Thm. J. Pickover & Sons	ADDRESS Batto 17, Md.

VS 150

29068

Batto 17, Md.

5-14-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4421

H-325
53 4421
BIRTH NO.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-355
53 4422

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4422
Registered No.

1. NAME OF DECEASED (Type or Print)		ANNIE MARION WIDMAN		2. DATE OF DEATH May 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1810 E. 29th St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1810 E. 29th St.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 29, 1867	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Jacob Taylor		14. MOTHER'S MAIDEN NAME Sarah Burton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. Robert J. Trautman-1810 E. 29th St.	
18. 332x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1952 to May 7, 1953, that I last saw the deceased alive on May 6, 1953, and that death occurred at 12:40 A. m., from the causes and on the date stated above.					
23A. SIGNATURE William H. Fustier		23B. ADDRESS 4230 Ingham Blvd.		23C. DATE SIGNED 5-8-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/9/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 9-1953		24F. REGISTRAR'S SIGNATURE H. J. Williams, M.D.	
24G. FUNERAL DIRECTOR J. J. Vickner & Sons		24H. ADDRESS Baltimore 17, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640
53 4423

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4423
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lester Morral		2. DATE OF DEATH 5-9-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY BALTIMORE			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore Gen. Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore 10 yrs		D. STREET ADDRESS (If rural, give location) 906 S. HANOVER ST			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov 1917	9. AGE (In years last birthday) 35	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) W. VA.	
13. FATHER'S NAME WYANT MORRAL		14. MOTHER'S MAIDEN NAME Delphia Helmick			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr Wyant Morral Randelstown Md	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER M.D. William V. Smith		23C. DATE SIGNED 5-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-11-1953		24C. NAME OF CEMETERY OR CREMATORY VANCE Cemetery	
DATE RECEIVED BY LOCAL REGISTRY MAY 10 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Polk F. Seitz	
VS 151		ADDRESS 5209 York Rd		W. VA.	

78099

STATE OF NEW YORK

1891

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-260

53 4424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4424

Registered No. _____

BIRTH NO. 63-09384

1. NAME OF DECEASED (Type or Print) <u>male infant of Dorothy Fisher</u>			2. DATE OF DEATH <u>April 25, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>The Hospital for the Women of Maryland</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 28-02</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>5000 Hampshire Rd.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>	8. DATE OF BIRTH <u>April 24, 1953</u>		9. AGE (In years, last birthday) If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
13. FATHER'S NAME <u>Stanley Fisher</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Dorothy Miller</u>	
17. INFORMANT		ADDRESS			

18. <u>759.3</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>ascites, congenital anomaly</u>			INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>II</u>			
(B) DUE TO			
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u>0</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-24</u> <u>6⁰⁰ PM</u> , 19 <u>53</u> , to <u>4-25</u> <u>2⁰⁰ PM</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-25</u> , 19 <u>53</u> , and that death occurred at <u>2⁰⁰ AM</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Fredrick M. J. [illegible]</u>		23B. ADDRESS <u>Englewood [illegible]</u>	
23C. DATE SIGNED <u>4/25/53</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY <u>JOHN HOPKINS MEDICAL SCHOOL</u>		24D. LOCATION (City, town, or county) (State) <u>MAY 7 1953</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 10 1953</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>	
REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		ADDRESS <u>Huntington Williams, M.D.</u>	

1051

1051

RECEIVED
JAN 10 1964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4425

BIRTH NO.

53-10689

1. NAME OF DECEASED
(Type or Print)

Baby Umbach (girl)

2. DATE
OF
DEATH

5/3/953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-01

d. STREET ADDRESS (If rural, give location)

2416 Eutaw Pl.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR or RACE

Wh.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/2/953

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

12 30

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Henry Umbach

14. MOTHER'S MAIDEN NAME

Kathryn Janet Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 773.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Prematurity, Hydranion
Same

ANTECEDENT CAUSES

(B) DUE TO
(C)DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2 1953 to 5/3 / 1953 that I last saw the
deceased alive on 5/3, 1953 and that death occurred at 8:20 am., from the causes and on the date stated above.

23a. SIGNATURE

R. Ladavide

23b. ADDRESS

M. D. Maryland General Hosp. 5/3/953

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAY 4 1953

DATE RECEIVED BY
LOCAL REGISTRAR

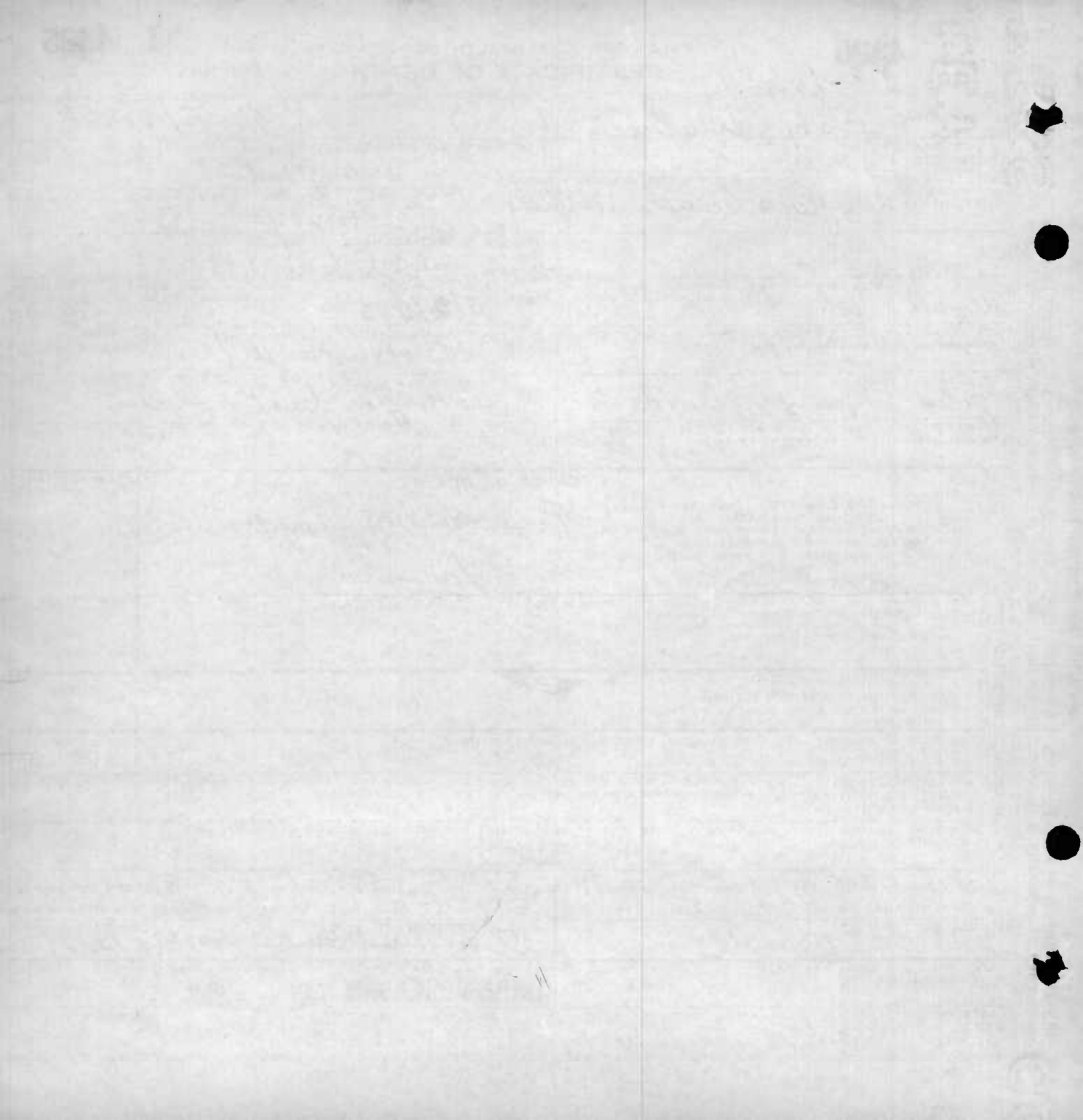
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS



525
53 4426

BIRTH NO.

53-11498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

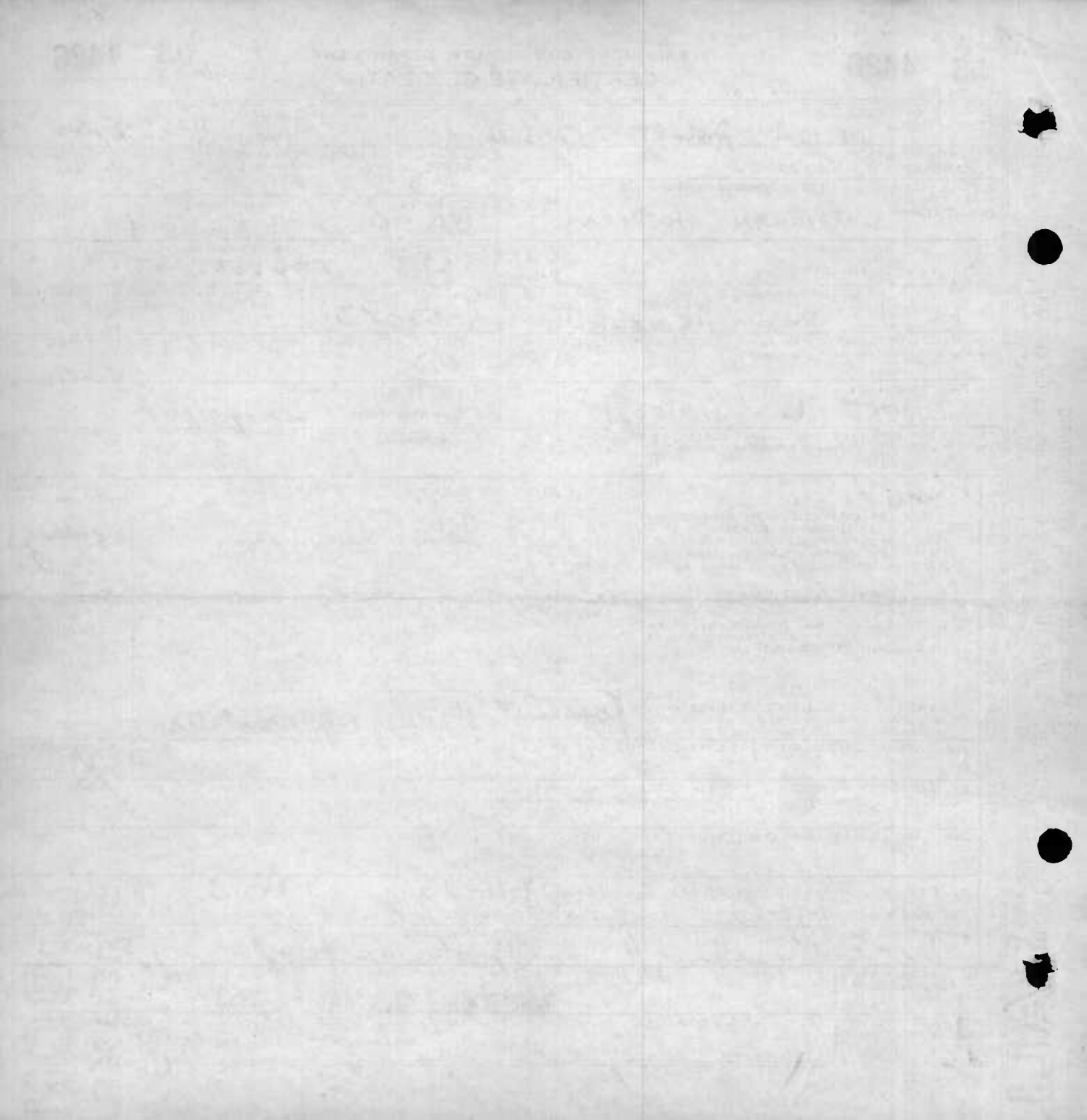
Registered No. 53 4426

1. NAME OF DECEASED (Type or Print) WILLIAM ROBERT JIMISON			2. DATE OF DEATH 4-26-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 12-04		
c. Length of stay in Baltimore Yrs. 3 Mos. Days			D. STREET ADDRESS (If rural, give location) 2223 N. CALVERT ST.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) NEWBORN	8. DATE OF BIRTH 4-23-53	9. AGE (In years last birthday) 3	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ROBERT L. JIMISON			14. MOTHER'S MAIDEN NAME GRACE LONGMIRE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

MEDICAL CERTIFICATION

18. 490X 763.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bilat. lobar pneumonia DUE TO		CAUSE OF DEATH Bilat. lobar pneumonia	INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Purulent pleurisy & pericarditis			
19A. DATE OF OPERATION 7	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-25-53 , 19__, to 4-26-53 , 19__, that I last saw the deceased alive on 4-25-53 , 19__, and that death occurred at 6 A.m. , from the causes and on the date stated above.			
22A. SIGNATURE M. E. Parrell		22B. ADDRESS Lutheran Hosp.	22C. DATE SIGNED 5-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.	ADDRESS



H-632

53 4427

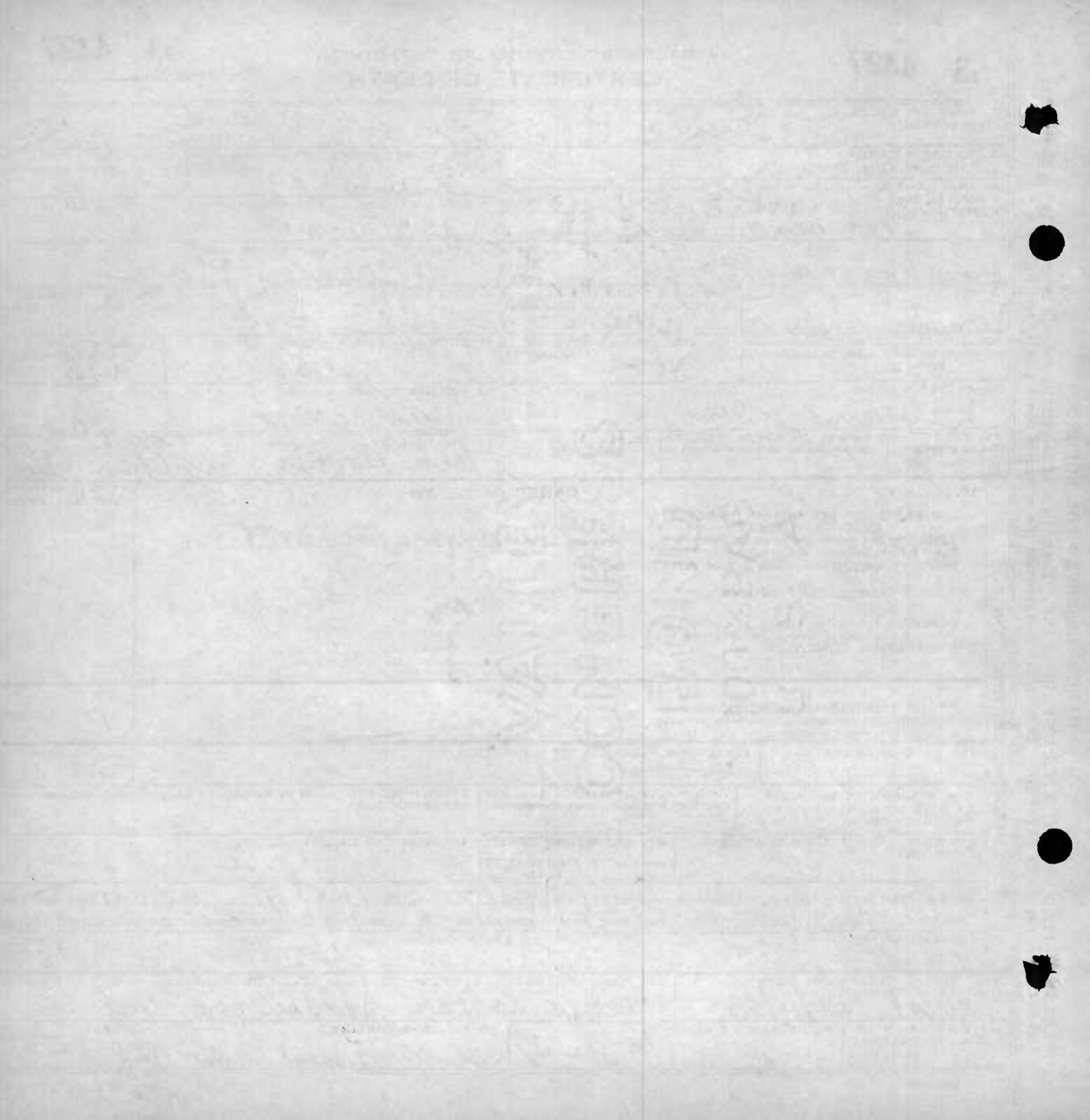
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4427
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Bessie Horvitz</i>		2. DATE OF DEATH <i>May 9 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4613 Park Heights Ave Mt Sinai Nursing Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-05</i>	
c. Length of stay in Baltimore <i>30 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>118 Jackson Place</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>1883</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (In years last birthday) <i>69</i>
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>William Zober</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Aleck Horvitz</i>		ADDRESS <i>3004 Chestonfield Ave</i>	
18. <i>420.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Cardiac infarction</i> DUE TO ANTECEDENT CAUSES <i>Ch. Degenerative Card. Vascular Disease</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Ch. Degenerative Card. Vascular Disease</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4/10</i> , 19 <i>53</i> , to <i>5/8</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5/8</i> , 19 <i>53</i> and that death occurred at <i>6A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>G. H. Horvitz</i>		23B. ADDRESS <i>2045 Biddle St</i>	
23C. DATE SIGNED <i>5/9/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/11/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Michio-Rodach</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 10 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Sal. Levinson</i>		ADDRESS <i>Broo-1124-26 W North Avenue</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4428BIRTH NO. 53 44281. NAME OF DECEASED
(Type or Print)Ida Birenbaum2. DATE
OF
DEATHMay 7 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)4501 Forest Park Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-03

D. STREET ADDRESS (If rural, give location)

4501 Forest Park Avenue

C. Length of stay in Baltimore

35 yrsYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widow

8. DATE OF BIRTH

18859. AGE (In years
last birthday)68If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRYown home

11. BIRTHPLACE (State or foreign country)

Poland12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

Julius Silver

14. MOTHER'S MAIDEN NAME

Eva15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Flora Gotthelf - 4501 Forest Park Ave18. 260XDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive CVD

DUE TO

(B) Parasites

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH10 yrs6 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1953 to May 7 1953, that I last saw the
deceased alive on May 7, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

State of New York

County of Albany

City of Albany

No. 100

Attest my hand and the seal of the Office of the Registrar of Deaths, this 10th day of May, 1900.

JOHN J. KELLY, Registrar of Deaths

By _____, Deputy Registrar of Deaths

By _____, Deputy Registrar of Deaths

By _____, Deputy Registrar of Deaths

By _____, Deputy Registrar of Deaths

100

100

100

100

100

100

100

100

100

100

100

500
53 4429BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4429
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sylvia Cohen

2. DATE
OF
DEATH

5. 8. 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

15-09

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3924 Norfolk Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (in years
last birthday)

48

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR
INDUSTRY

Kecht Co

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac

Dys Sore

14. MOTHER'S MAIDEN NAME

Dora

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 204.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebrovascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Chronic lymphocytic leukemia

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8, 1953, to 5/8, 1953, that I last saw the
deceased alive on 5/8, 1953, and that death occurred at 8:32 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. E. E. E.

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-10-53

24C. NAME OF CEMETERY OR CREMATORY

Herring Hill

24D. LOCATION (City, town, or county)

Balto, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

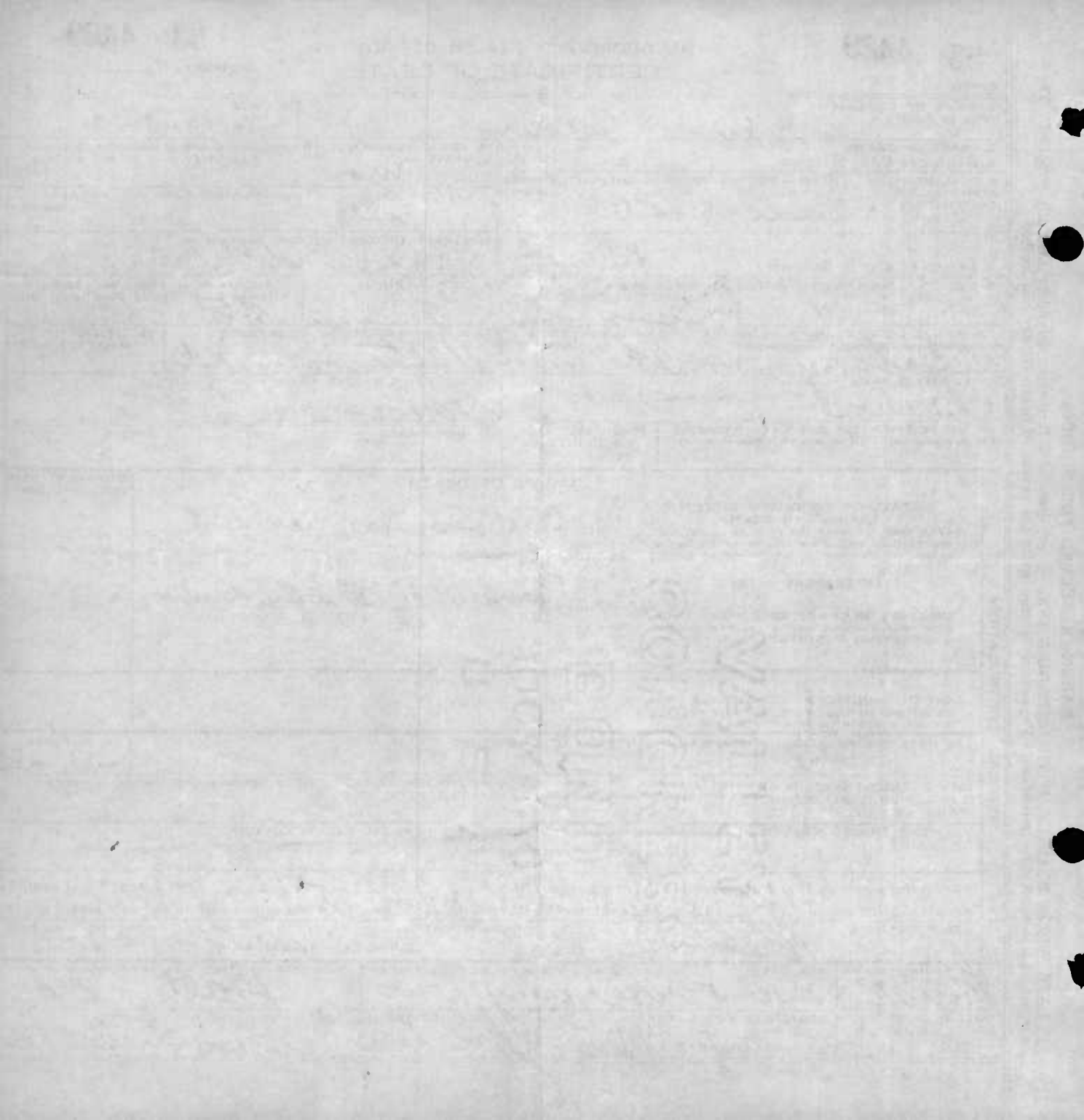
Huntington Williams

25. FUNERAL DIRECTOR

W. Jack Lewis

ADDRESS

2100 Eutaw Pl



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4430
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SUSIE B. VINNICK

2. DATE
OF
DEATH

5-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hosp Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3410 Powhattan Ave

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1951, to 5/8.53, 19__, that I last saw the
deceased alive on 5/8, 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Lutz
Room 1008

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-630
53 4431BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4431
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH FORD

2. DATE
OF
DEATH

4-2-53

3. PLACE OF DEATH:
a. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE
b. COUNTYb. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

d. STREET ADDRESS (If rural, give location)

146 N. Exeter St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

61

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

N

K

11. BIRTHPLACE (State or foreign country)

N

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

O

14. MOTHER'S MAIDEN NAME

N

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

N

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ARTERIOSCLEROTIC
HEART DISEASE

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
4/2/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL APR 22 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1841

1841

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

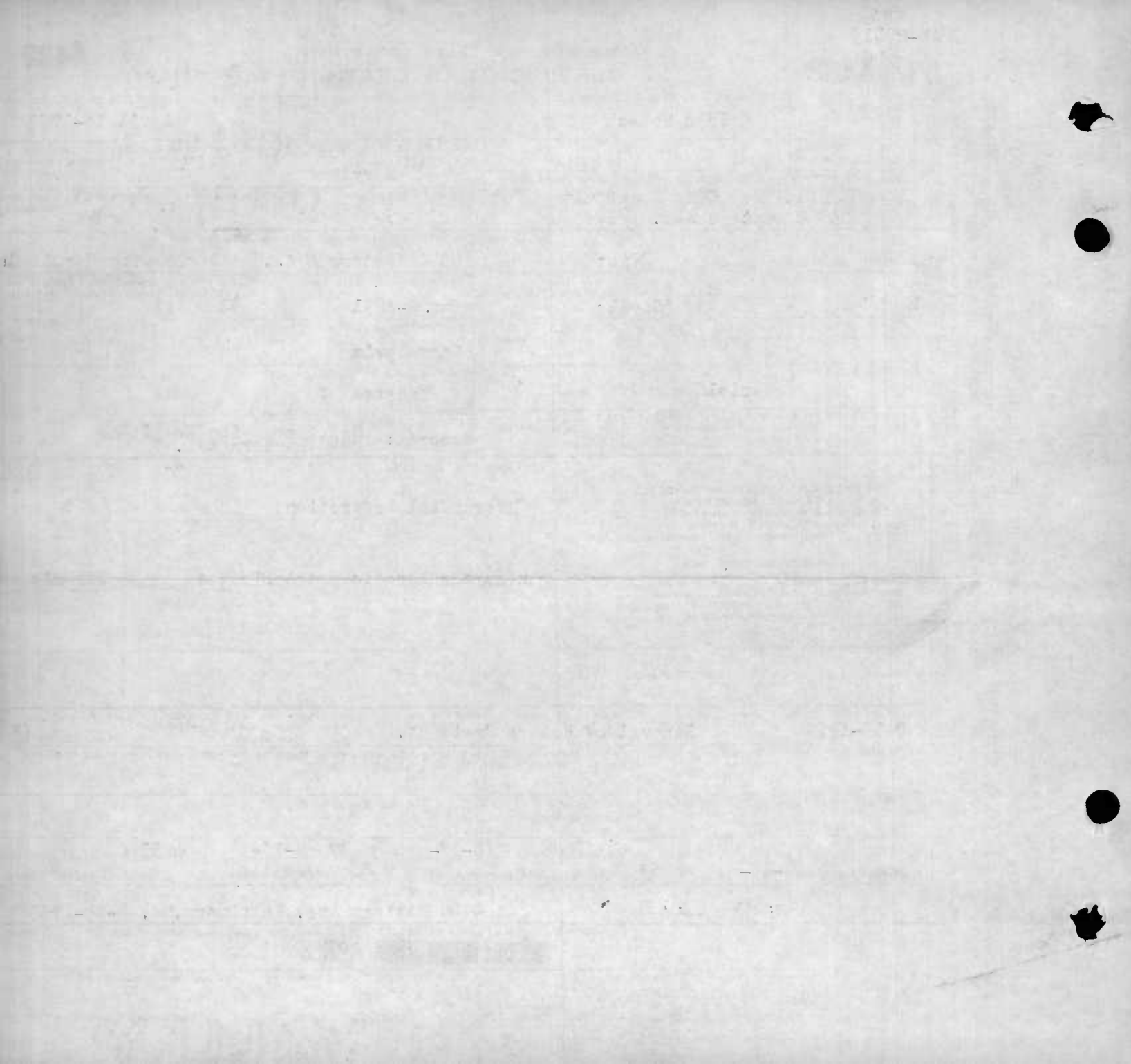
16-420
AB-27815

53 4432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4432
Registered No.

1. NAME OF DECEASED (Type or Print) John Melech		2. DATE OF DEATH April 15-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
C. Length of stay in Baltimore 20yrs		D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave., Baltimore City Hospitals	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 1-1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Muriel ?		14. MOTHER'S MAIDEN NAME Yubetza ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio sclerotic Heart Disease DUE TO Chronic		INTERVAL BETWEEN ONSET AND DEATH ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9-15-1950		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Removal of Bakers Cyst/ Rt.	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from 10-27- , 19 37 to 4-15- , 19 53 that I last saw the deceased alive on 4-15- , 19 53 , and that death occurred at 9 P.m. , from the causes and on the date stated above.		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
23A. SIGNATURE Huntington Williams, M.D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	
23C. DATE SIGNED 4-16-1953		24A. BURIAL, CREMATION, REMOVAL (Specify)	
24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State)		24E. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS Huntington Williams, M.D.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4433

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD

HENDERSON

2. DATE

OF DEATH April 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

664 W. Fayette Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

N

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

N

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

O

W

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

N

17. INFORMANT
ADDRESS

N

18. 491x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Confluent Bronchopneumonia

DUE TO Cerebral Softening

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER..... ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER..... ☐ 4-13-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL APR 22 1953

DATE RECEIVED BY
LOCAL REGISTRAR

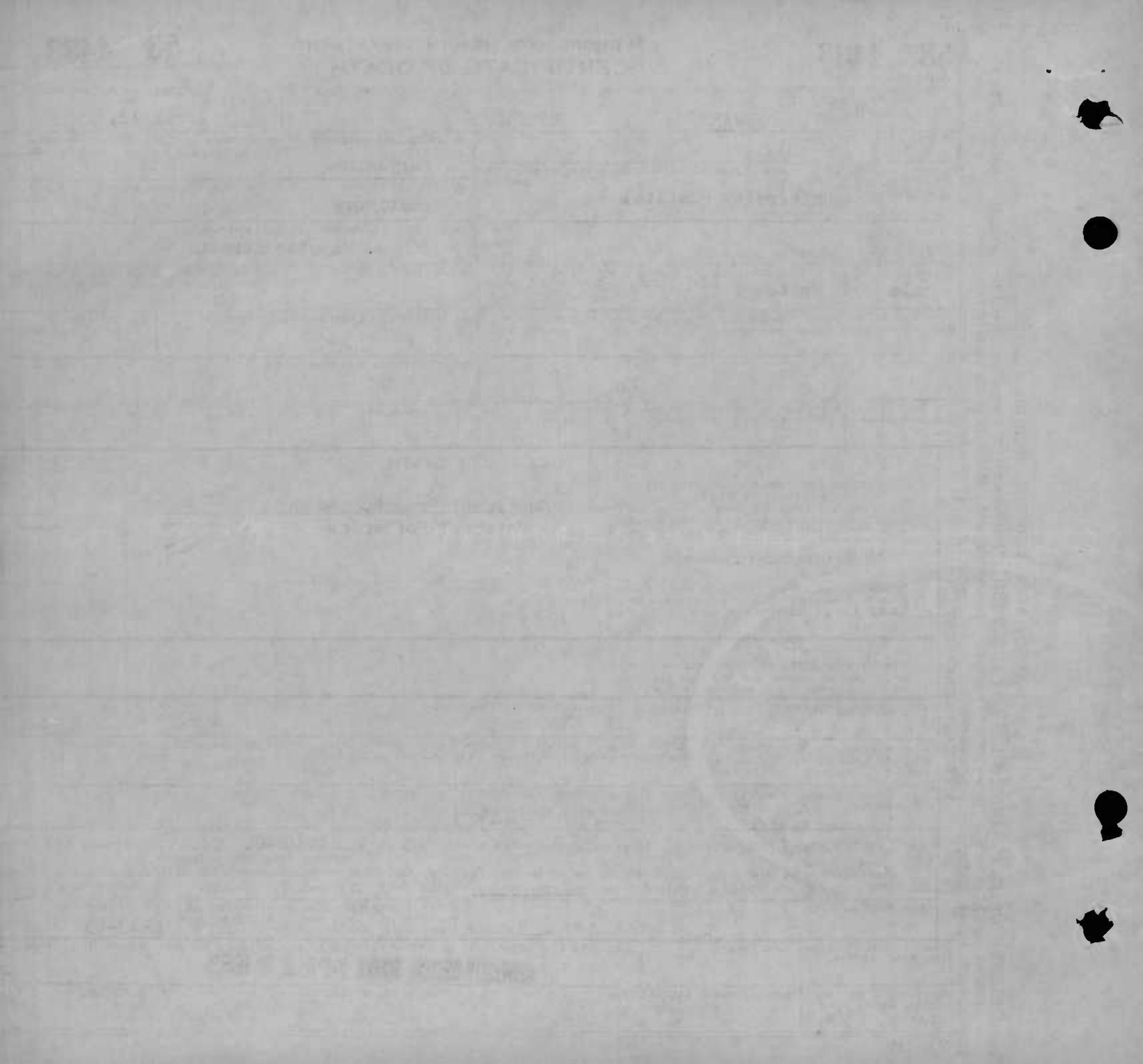
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 10 1953

VS 151



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4434BIRTH NO. F4301. NAME OF DECEASED
(Type or Print)

IRVIN

FLOYD

2. DATE
OF
DEATH April 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE U

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

K

D. STREET ADDRESS (If rural, give location)

O

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH W

N

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

N

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

N

17. INFORMANT

W

ADDRESS

18. 222.0CAUSE OF DEATH NINTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
April 17, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

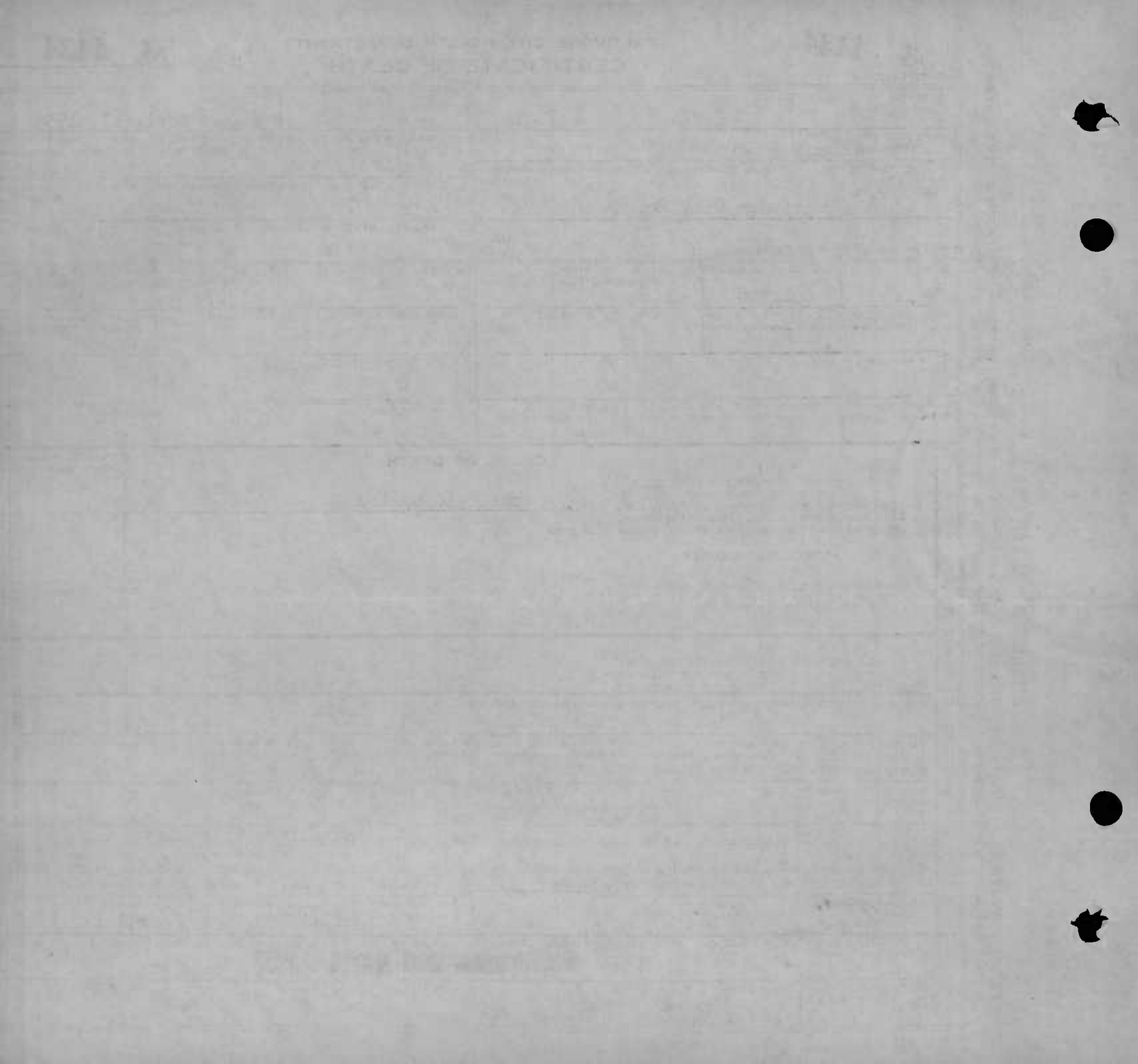
UNIVERSITY MEDICAL SCHOOL MAY 4 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



S-530
53 4435BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4435
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Smith

2. DATE
OF
DEATH

4-15-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO. 12-05

D. STREET ADDRESS (If rural, give location)

1806 GREENMOUNT AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Unknown

9. AGE (In years
last birthday)

60?

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

C. V. A.

DUE TO

@ 13 hrs.

ANTECEDENT CAUSES

(B)

H. C. V. D.

DUE TO

?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1953, to 4-15, 1953, that I last saw the
deceased alive on 4-15, 1953, and that death occurred at 9:05 a.m., from the causes and on the date stated above

23A. SIGNATURE

E. J. Williams

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-15-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL APR 21 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

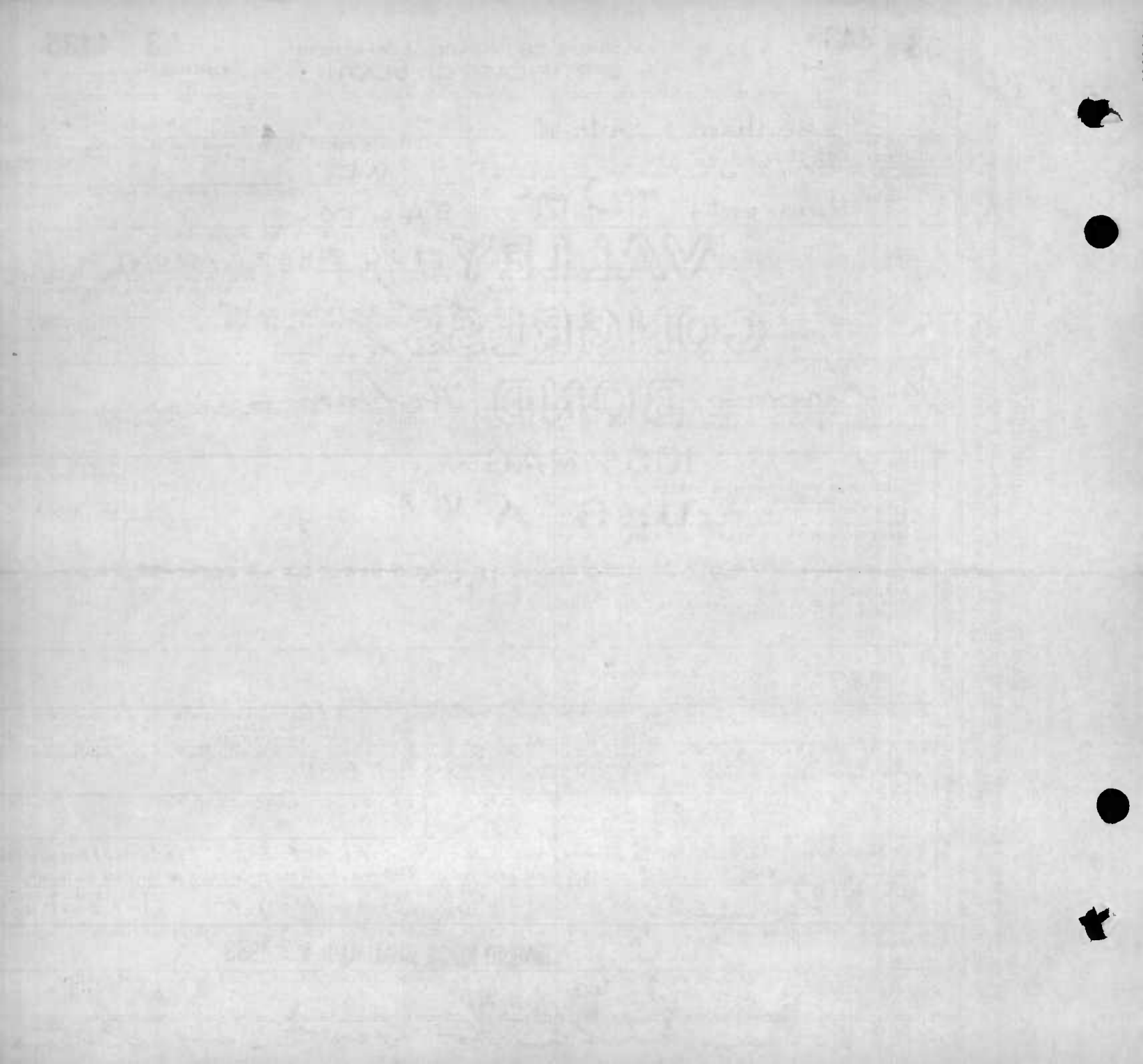
ADDRESS

VS 150

Police unable to locate any relatives

MARGIN RESERVED FOR BINDING

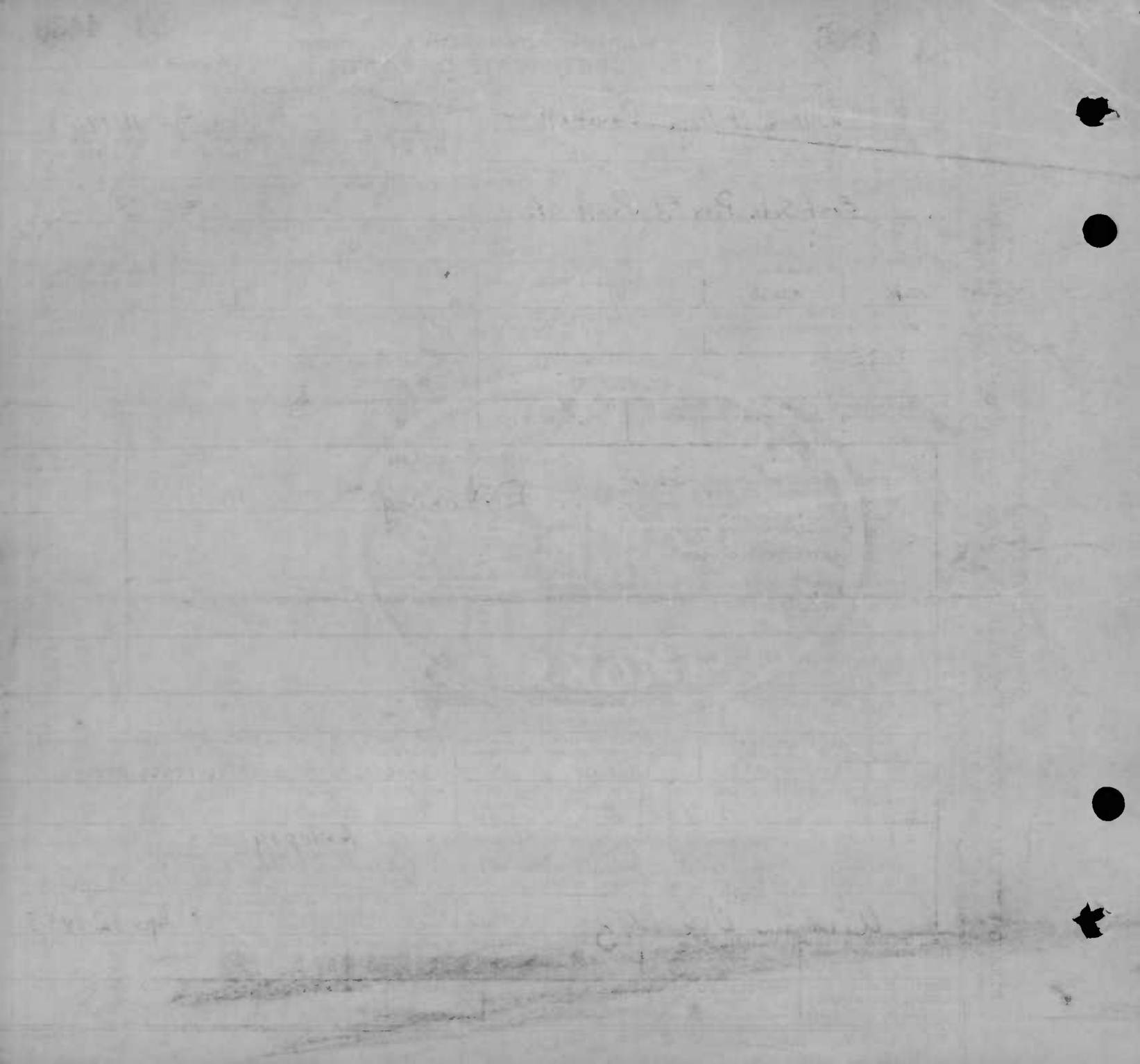
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

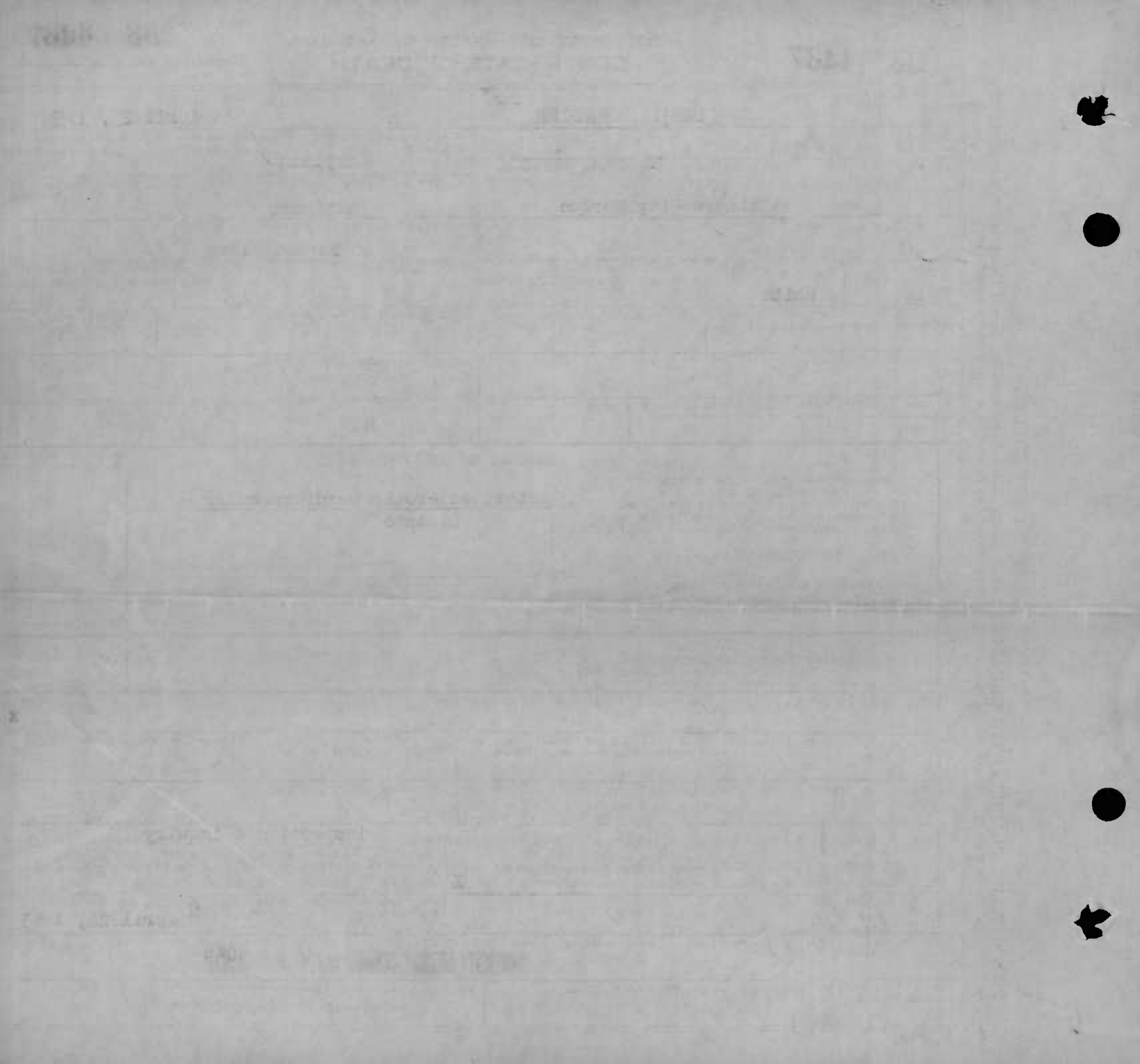
BALTIMORE CITY HEALTH DEPARTMENT				53 4436	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>William Floyd Cambell</i>				2. DATE OF DEATH <i>Apr. 11, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>U</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>East Side Pier #3 Pratt St.</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>K</i>	
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>				D. STREET ADDRESS (If rural, give location) <i>0</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>U</i>	8. DATE OF BIRTH <i>N</i>	9. AGE (In years last birthday) <i>45?</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>K</i>	11. BIRTHPLACE (State or foreign country) <i>N</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>N</i>			14. MOTHER'S MAIDEN NAME <i>N</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>N</i>	17. INFORMANT <i>N</i>		
18. <i>E929.8</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Drowning</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Harbor</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>East side of Pier 3, Pratt Street 4/1</i>	
21D. TIME (Month) (Day) (Year) (Hour) Found: <i>4/11/53 1:00 P.m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Found drowned	
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE <i>William V. Lewis</i>		23B. CHIEF MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <i>Apr 12 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 10 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	
VS 151 <i>N 990x</i>		UNIVERSITY MEDICAL SCHOOL MAY 6 1953			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4437 Registered No.	
BIRTH NO. 53 4437				2. DATE OF DEATH April 25, 1953	
1. NAME OF DECEASED (Type or Print) DAVID HARDESTER				2. DATE OF DEATH April 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 46 Market Place		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH U	9. AGE (In years last birthday) 46	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY K	11. BIRTHPLACE (State or foreign country) K		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME N		14. MOTHER'S MAIDEN NAME O			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. N	17. INFORMANT ADDRESS N		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Williams		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. <input checked="" type="checkbox"/>		23C. DATE SIGNED April 28, 1953	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		24E. DATE MAY 4 1953			
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	
V. 91 151					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53

4438

BIRTH NO.

53 4438

1. NAME OF DECEASED
(Type or Print)

FLORENCE GOODRICH

2. DATE
OF
DEATH

5-4-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Fayette COND. HOME
1105 E. Fayette St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

7

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

1B.

170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CARCINOMA OF RIGHT BREAST

sev mos.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

decubitus ulcer right scapula ?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ HOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from May 1, 1953, to May 5, 1953, that I last saw the
deceased alive on 8:40 MAY 3 1953, and that death occurred at 8:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

E. Ellsworth L. Cobb

2431 MARYLAND AVENUE

5-5-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 5 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 10 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

PIERCE, FENNER & SMITH

VALLEY

COMPANY OF NIGHT-EMERGENCY

100 N. 4th St.

U. S. 2

Accountant Night Shift Workers

Box 1, 100 N. 4th St.

U. S. 2

Box 1, 100 N. 4th St.

2-4-55

100 N. 4th St.

Box 1, 100 N. 4th St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4439
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AUGUSTUS WALKER

2. DATE
OF
DEATH

4/9/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

546 W. Lanza St. 17, Balt., Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

17-02

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

22 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

red

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

?

9. AGE (In years,
last birthday)

55?

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Upholster

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Thomasville Ga.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 026X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Neuro syphilis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE OLD INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1953, to April 9, 1953, that I last saw the deceased alive on April 9, 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. K. Adams

M. D.

23B. ADDRESS

1222 N. Caroline

23C. DATE SIGNED

4-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

VS 150

59384

UNIVERSITY MEDICAL SCHOOL APR 27 1953

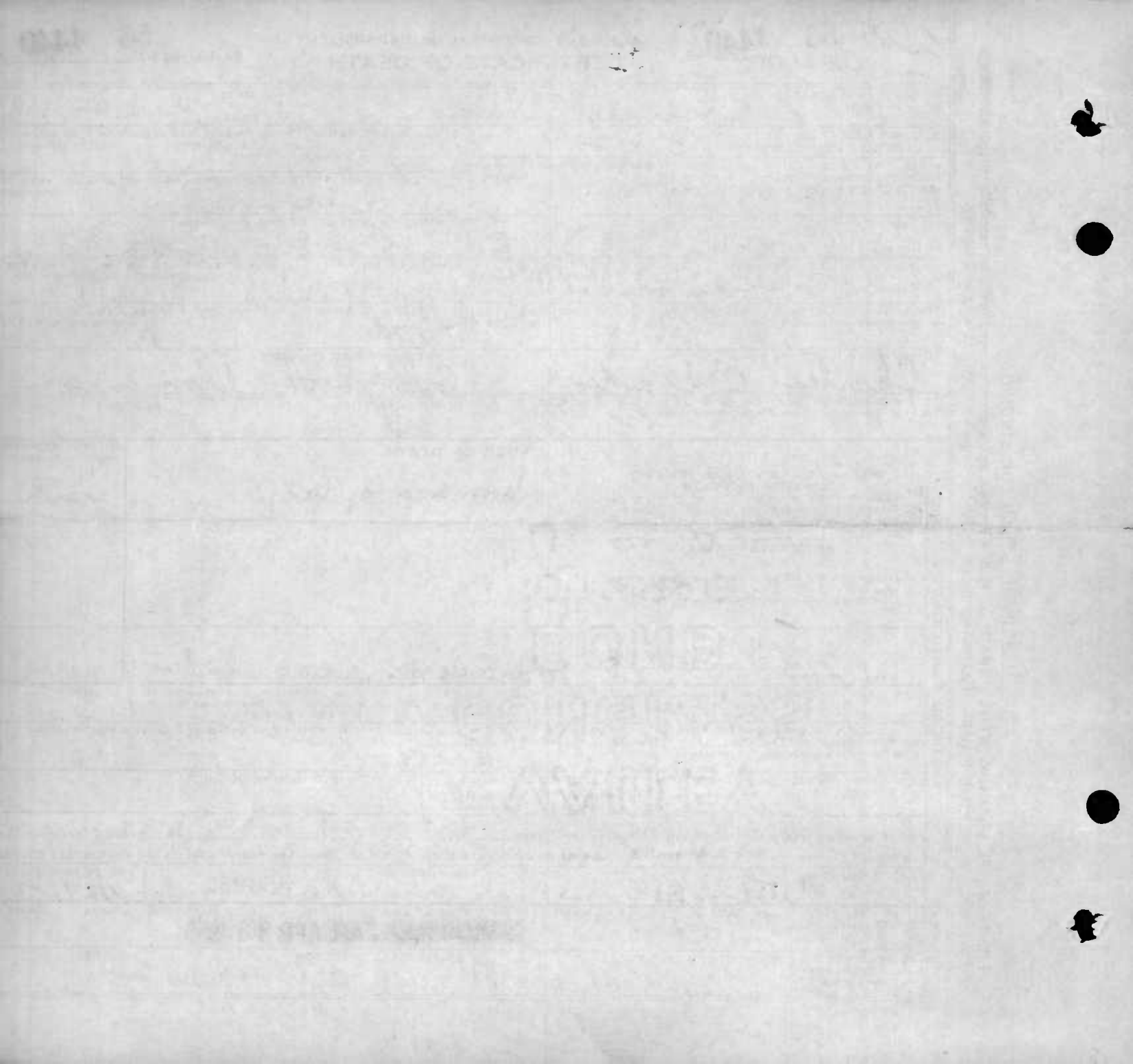
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

State 53-4440 Anatomical		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4440 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Charles Edwards		2. DATE OF DEATH April 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Del 2		4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) A. STATE Md.		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01		D. STREET ADDRESS (If rural, give location) 1025 E. Fayette St	
c. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH 10-1-1894		9. AGE (In years last birthday) 58 If Under 1 Year Months: Days Hours Min.	
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Edwards		14. MOTHER'S MAIDEN NAME Elizabeth Donnason		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of lung DUE TO INTERVAL BETWEEN ONSET AND DEATH months II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic cardiovascular disease years	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-8, 1953, to 4-24, 1953, that I last saw the deceased alive on 4-24, 1953, and that death occurred at 2:50 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Carol G. Johnson M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 4/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	
24D. LOCATION (City, town, or county)		24E. DATE APR 28 1953		24F. STATE	
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D.	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-169981 53 4441 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4441	
1. NAME OF DECEASED (Type or Print) MARTIN WEINHOLD			2. DATE OF DEATH May 6-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-01		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 2931 O'Donnell St.		
c. Length of stay in Baltimore Life			Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15-1913	9. AGE (In years last birthday) 39	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			10B. KIND OF BUSINESS OR INDUSTRY National Brewing Company		
11. BIRTHPLACE (State or foreign country) Maryland, Baltimore			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Bernard Weinhold			14. MOTHER'S MAIDEN NAME Susanna Gross		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			18. 155X		
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Primary Carcinoma of the Liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION ✓			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-1 , 19 52 , to 5-6 , 19 53 that I last saw the deceased alive on 5-6 , 19 53 , and that death occurred at 8.25 PM , from the causes and on the date stated above.					
23A. SIGNATURE H. John Doe			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		
23C. DATE SIGNED 5-6-1953			24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE 5-11-1953			24C. NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary Cem. German Hill Rd., Md.		
24D. LOCATION (City, town, or county) (State) Balto., Md.			25. FUNERAL DIRECTOR Charles S. Zeiler		
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
VS 150			68-3 46		

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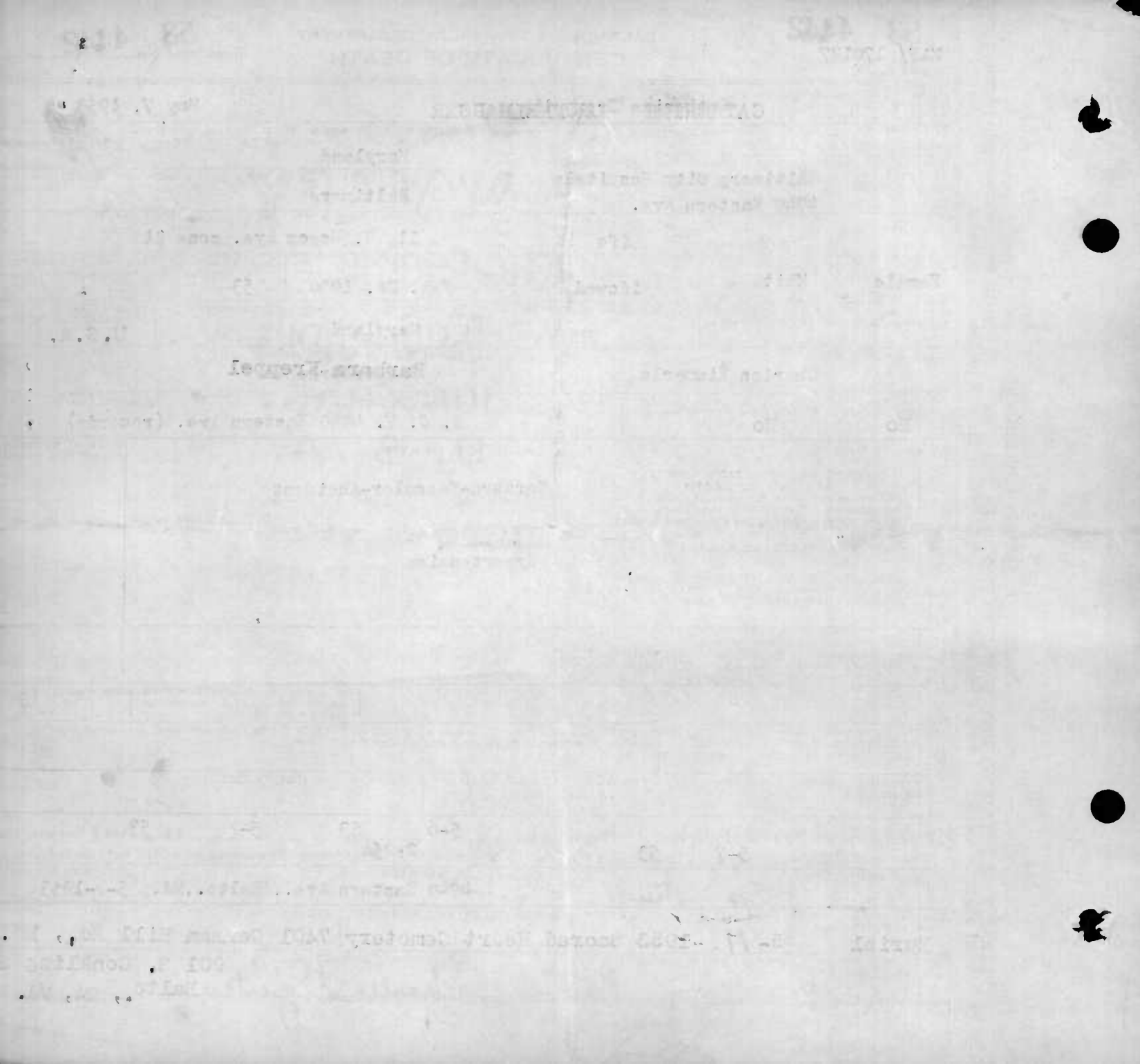
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4442
MAF/ 170127
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4442
Registered No.

1. NAME OF DECEASED (Type or Print) CATHERINE D. DROMMELHAUSER			2. DATE OF DEATH May 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5354		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 110 N. Essex Ave. zone 21		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 20, 1900	9. AGE (In years, last birthday) 53	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Kimmarle			14. MOTHER'S MAIDEN NAME Barbara Kreppel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-Vascular-Accident DUE TO ANTECEDENT CAUSES Hypertension DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 5-7-1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-6 , 19 53 , to 5-7 , 19 53 , that I last saw the deceased alive on 5-7 , 19 53 , and that death occurred at 2:25A m., from the causes and on the date stated above.					
23A. SIGNATURE H. John Doe			23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 5-7-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-11-1953	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		24D. LOCATION (City, town, or county) (State) 7401 German Hill Rd., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1953		REGISTRAR'S SIGNATURE H. John Doe		25. FUNERAL DIRECTOR 901 S. Conkling St. Balto., Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4443****53 4443**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Allen, Sallie M.**2. DATE
OF
DEATH**5/8/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)A. STATE
md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**37 Mercy Hosp**

C. CITY OR TOWN

Balto(If outside corporate limits, write RURAL and give
township)

c. Length of stay in Baltimore?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3110 Ferndale Ave

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widow**

8. DATE OF BIRTH

8/18/18719. AGE (in years
last birthday)**81**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**none**10B. KIND OF BUSINESS OR
INDUSTRY**-**

11. BIRTHPLACE (State or foreign country)

Tennessee12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Thomas McCall

14. MOTHER'S MAIDEN NAME

Henrietta Sigler15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.**5**

17. INFORMANT

Doris Booth 3110 Ferndale Ave

ADDRESS

18. **420.0 and 191x**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

**Pulmonary edema +
acute congestive heart failure
superimposed on
chronic congestive failure**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Hypertensive arteriosclerosis H. DuranOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT**Epididymitis
Carcinoma of prostate**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 8, 1953** to **May 8, 1953**, that I last saw the
deceased alive on **May 8, 1953**, and that death occurred at **540 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Leonard G. Lombardy

M. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

May 8 5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5-12-53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ellesworth Sumac

ADDRESS

4600 Liberty Heights Avenue

CERTIFICATE OF DEATH

1. Name of deceased

2. Date of death

3. Place of death

4. Cause of death

5. Manner of death

6. Signature of physician

7. Signature of medical examiner

8. Signature of coroner

9. Signature of registrar

10. Signature of funeral director

11. Signature of undertaker

12. Signature of cemetery

13. Signature of burial society

14. Signature of religious society

15. Signature of other

16. Signature of witness

17. Signature of informant

18. Signature of registrar

19. Signature of funeral director

20. Signature of undertaker

21. Signature of cemetery

22. Signature of burial society

23. Signature of religious society

24. Signature of other

25. Signature of witness

26. Signature of informant

27. Signature of registrar

28. Signature of funeral director

29. Signature of undertaker

30. Signature of cemetery

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4444 5/28/53 53 4444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Linda L. Jackson

2. DATE OF DEATH May 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland N. Burg Hal 3
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL
C. Length of stay in Baltimore 33 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-04
D. STREET ADDRESS (If rural, give location) 1034 N. Castle St.

5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 4-20-42 9. AGE (In years, last birthday) 10 If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10B. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Tennessee 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME Arthur Jackson 14. MOTHER'S MAIDEN NAME Clara

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. none

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS _____

18. 193X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Brain tumor INTERVAL BETWEEN ONSET AND DEATH 5 years
(A) (Astrocytoma—1948) DUE TO _____
(B) _____ DUE TO _____
(C) _____ DUE TO _____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION ✓ 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED _____ 19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? _____ 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 4-29, 1953, to 5-9, 1953, that I last saw the deceased alive on 5-9, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE C. Herbert Kepley M. D. 23B. ADDRESS JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED 5-10-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 5-13-53 24C. NAME OF CEMETERY OR CREMATORY Highland Cem. 24D. LOCATION (City, town, or county) (State) Pruden - Tenn

DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Greenworth Armacost ADDRESS 4600 Liberty Heights Ave

VS 150

See Provisional Anatomical Diagnosis in Document File

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CERTIFICATE OF DEATH

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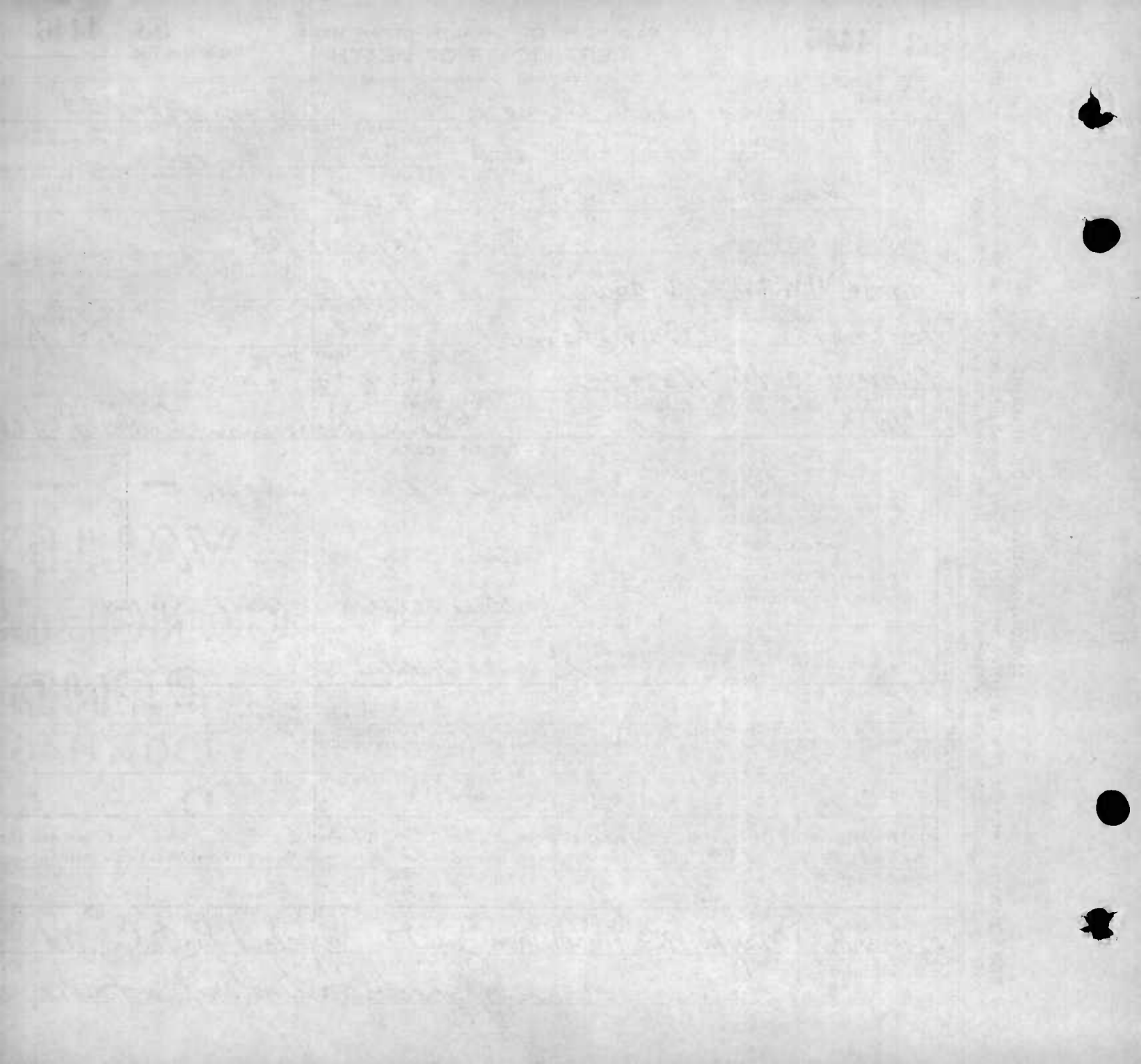
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4446 Registered No.
BIRTH NO. 4446				
1. NAME OF DECEASED (Type or Print) <i>Houseman, Grace L.</i>			2. DATE OF DEATH <i>5/11/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Freedland</i>	
c. Length of stay in Baltimore Yrs. <i>38</i> Mos. Days			D. STREET ADDRESS (If rural, give location) <i>Rayville Rd. 5300</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow.</i>	B. DATE OF BIRTH <i>5/17/83</i>	9. AGE (In years last birthday) <i>69</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Maurice McNamee</i>			14. MOTHER'S MAIDEN NAME <i>Laura Price.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i></i>	
17. INFORMANT <i>Maurice Houseman, Freedland Md.</i>			ADDRESS <i></i>	
18. <i>420.0 and 260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO (B) <i>Coronary thrombosis</i> DUE TO (C) <i>Arteriosclerotic Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes Mellitus - mild acidosis</i>				
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>5/10, 1953</i> to <i>5/11, 1953</i> , that I last saw the deceased alive on <i>5/10, 1953</i> and that death occurred at <i>12:45 am.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>L. Weeppin Jr.</i> M. D.			23B. ADDRESS <i>University Hosp.</i>	
23C. DATE SIGNED <i>5/11/53</i>				
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 13, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Middletown Cemetery</i>
24D. LOCATION (City, town, or county) (State) <i>Freedland Balto. Co. Md.</i>				
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington</i>		
25. FUNERAL DIRECTOR		ADDRESS <i>Isaac Saxeinstein, New Freedom, Pa.</i>		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

53 4447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4447

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sammie E. Parsons		2. DATE OF DEATH May 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hood Nursing Home 5313 Edmondson Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01	
C. Length of stay in Baltimore 2- Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2008W. Lexington St.,	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 18, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10B. KIND OF BUSINESS OR INDUSTRY --	9. AGE (in years; last birthday) 78 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME John Sims		11. BIRTHPLACE (State or foreign country) Va.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? Va.	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Elizabeth Roundtree	
17. INFORMANT Harry B. Blanchard		ADDRESS 2309 Edmondson Av	

18. 331x and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertension Cerebro-Vascular Disease DUE TO Essential Hypertension		INTERVAL BETWEEN ONSET AND DEATH 15 yrs 20 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus		15 yrs.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from **Jan 15, 1936** to **May 8, 1953**, that I last saw the deceased alive on **May 2, 1953**, and that death occurred at **8:05 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Arthur J. Phoebe	23B. ADDRESS 4111 Liberty Heights Rd M. D.	23C. DATE SIGNED 5/9/53
---	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-11-1953	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Howard Strong ADDRESS 3207 W. North Ave.,	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4448
Registered No. 53 4448

53 4448

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. PLACE OF DEATH:
A. Baltimore City, Maryland

3. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

4. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute pulmonary edema
DUE TO H. T. C. V. D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis
DUE TO H. T. C. V. D.
(C) Hypertension

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from January 1953 to May 9, 1953, that I last saw the
deceased alive on May 9, 1953, and that death occurred at 5:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

See Querry reply in Document File
(Diabetes--contributory cause)

53 4449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4449

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theresa G. Muhl

2. DATE
OF
DEATH

May 9-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2300 CEDLEY CT

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 25-33

D. STREET ADDRESS (If rural, give location)

2300 CEDLEY CT

c. Length of stay in Baltimore

5. SEX

FEMALE White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12-16-1903

9. AGE (In years
last birthday)

49

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. WHITE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Kreiner

14. MOTHER'S MAIDEN NAME

Margaret Mohr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

George A. Muhl 2300 CEDLEY ST

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

1 year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1952, to May 9, 1953, that I last saw the
deceased alive on May 7, 1953, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Gladys E. Young

M. D.

23B. ADDRESS

2300 Eastman place

23C. DATE SIGNED

5-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-12-1953

24C. NAME OF CEMETERY OR CREMATORY

RODON PARK

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Hoff & B.M. Walters

ADDRESS

PRATT & STRICKER STS

0113

STATE OF NEW YORK
CERTIFICATE OF DEATH

111



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-4100 53 4450		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4450 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) LUKE HAYES HILL		2. DATE OF DEATH 5/10/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 25-05	
B. FULL NAME OF (If not in hospital or institution, give street address or location) WEST SIDE-PIER 6-PRATT ST		D. STREET ADDRESS (If rural, give location) 1334 PATAPSCO AVE.		Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX MALE 6. COLOR OR RACE WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH 4.18.1900 9. AGE (in years last birthday) 53	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) VA.	
13. FATHER'S NAME @LACKS.		14. MOTHER'S MAIDEN NAME ROSA THROCKMORTON		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Family - Same ADDRESS	
18. 929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning (A) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pier 6-Pratt St.	
21D. TIME (Month) (Day) (Year) (Hour) May 10, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Found drowned	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE William H. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 5-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 5.12.53		24C. NAME OF CEMETERY OR CREMATORY Oakwood	
24D. LOCATION (City, town, or county) (State) Richmond, VA.		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR James L. de ... ADDRESS	
VS 151 N990x					

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4451**

53 4451
BIRTH NO.

1. NAME OF DECEASED (Type or Print) AUGUST WISTLING			2. DATE OF DEATH May 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) US Public Health Service Hosp. Wyman Pk. Drive & 31 st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn		
c. Length of stay in Baltimore 2 days ?			D. STREET ADDRESS (If rural, give location) 420 Arson Ave.		
5. SEX male	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 5/11/22		9. AGE (In years last birthday) Months Days 30
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME August Wistling			14. MOTHER'S MAIDEN NAME Anna Florence Weaver		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO. ---	17. INFORMANT ADDRESS Records - USPHS Hospital, Balto., Md.		

18. 541.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Duodenal ulcer, acute, with perforation and generalized peritonitis		INTERVAL BETWEEN ONSET AND DEATH 54 hrs
DUE TO		
DUE TO		
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/7 , 19 53 , to 5/9 , 19 53 , that I last saw the deceased alive on 5/9/53 , 19 53 , and that death occurred at 7:10 Am. , from the causes and on the date stated above.					
23A. SIGNATURE P.T. Condit		23B. ADDRESS USPHS Hospital, Balto., Md.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 5.12.53		24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT.	
24D. LOCATION (City, town, or county) (State) BALTO.					
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS James L. McCuey	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4452

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

5. SEX

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8, 1953 to 5/9, 1953 that I last saw the
deceased alive on 5-9-1953, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

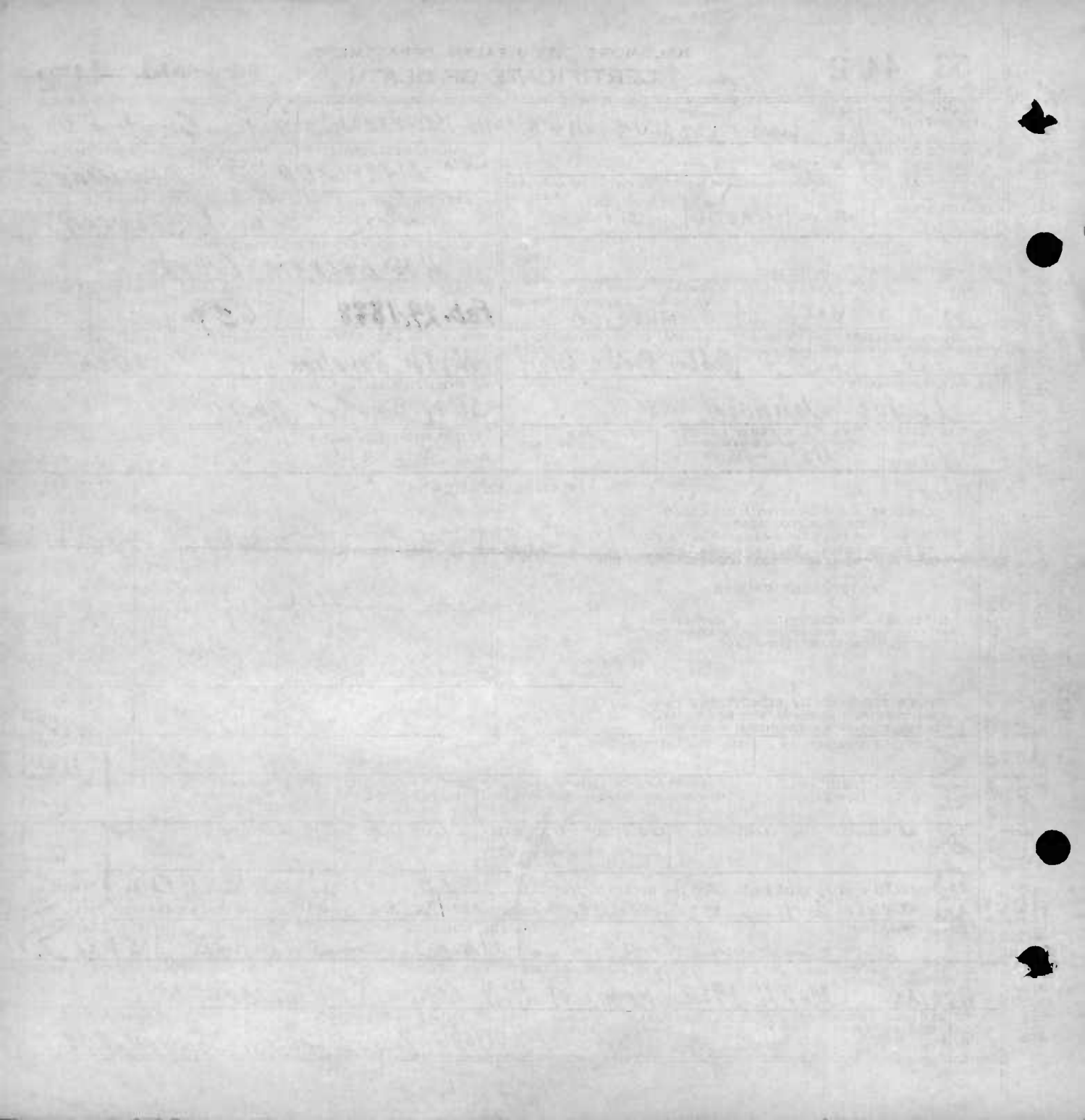
ADDRESS

VS 150

4904U

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

53 4453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 4453

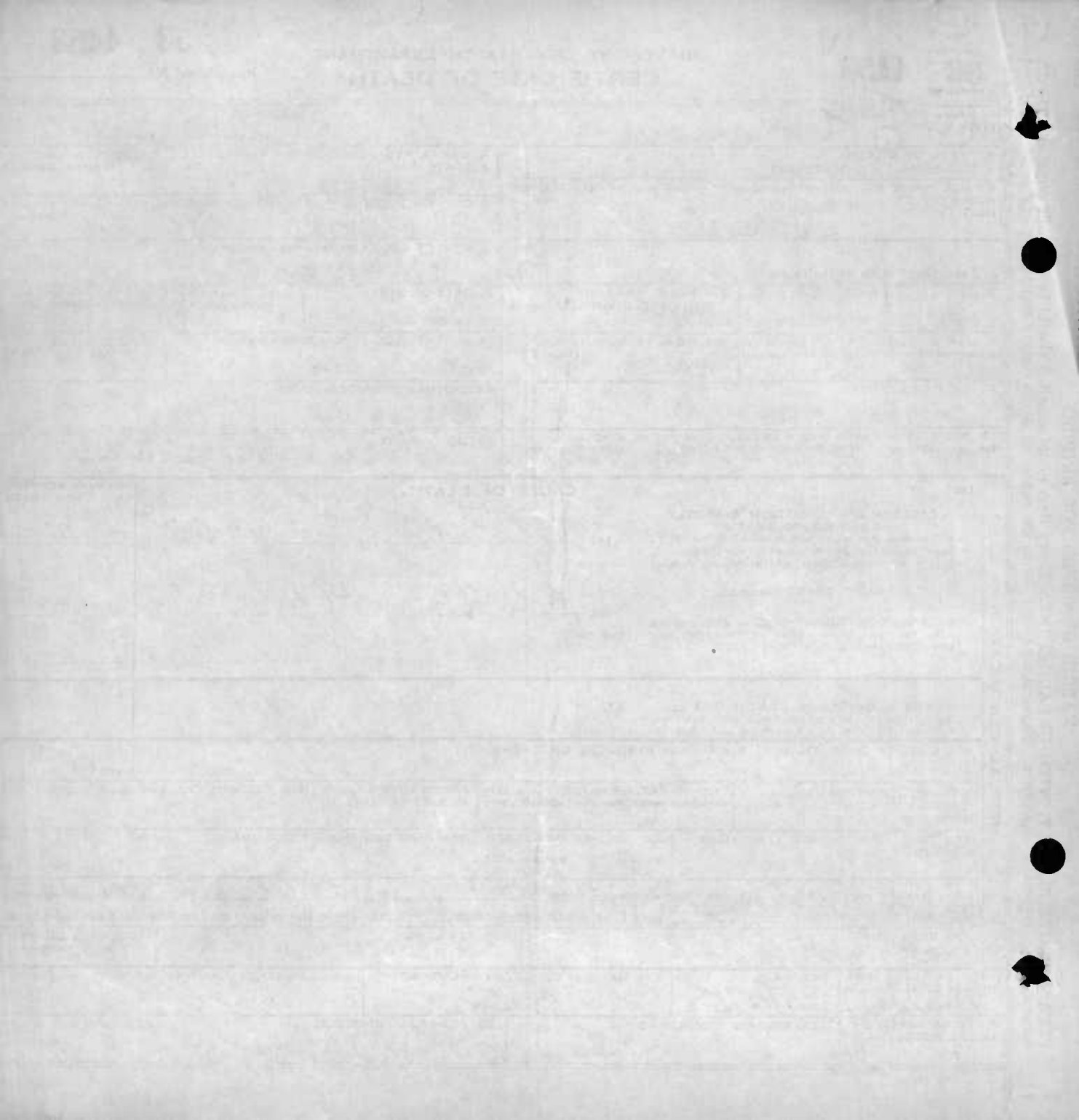
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FRANK C. DAVIS			2. DATE OF DEATH MAY 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION V.A. HOSPITAL BALTIMORE 18, MD.			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 10-01		
7. STREET ADDRESS (If rural, give location) 1019 BRENTWOOD AVE.					
c. Length of stay in Baltimore 2 YEARS					
8. SEX MALE	9. COLOR OR RACE WHITE	10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. DATE OF BIRTH APRIL 16, 1888		
12. AGE (In years last birthday) 65			13. If Under 1 Year Months: Days: Hours: Min.		
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORATORIAL SUPERVISOR			15. KIND OF BUSINESS OR INDUSTRY UNKNOWN		
16. BIRTHPLACE (State or foreign country) PATTERSON, N.J.			17. CITIZEN OF WHAT COUNTRY? USA		
18. FATHER'S NAME AUGUSTUS D. DAVIS			19. MOTHER'S MAIDEN NAME ELLA R. COMBAT		
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES			21. SOCIAL SECURITY NO. 712-17-1224		
22. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES			23. 16. SOCIAL SECURITY NO. 712-17-1224		
24. 17. INFORMANT VA HOSPITAL RECORDS			25. ADDRESS VAN BALTO, MD.		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Thrombosis, A6 femoral Artery		6 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/12/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/10/53 to 5/11/53 , 19 53 , that I last saw the deceased alive on 5/10/53 and that death occurred at 4:30 AM , from the causes and on the date stated above.					
23A. SIGNATURE Huntington Williams		23B. ADDRESS VAN BALTIMORE, MD.		23C. DATE SIGNED 5/11/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/12/53		24C. NAME OF CEMETERY OR CREMATORY U. S. National		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. H. Cook, Inc.		ADDRESS 1217 St. Paul St.	



53 4454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4454

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Saul Dietrich Tieman

2. DATE
OF
DEATH

May 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

1400 N. Caroline St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1633 Normal Ave. #13

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Jan. 15, 1882

9. AGE (In years,
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Maulder Helper

10B. KIND OF BUSINESS OR
INDUSTRY

Mt. Clair Shop

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis Tieman

14. MOTHER'S MAIDEN NAME

Christana Myron

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Mrs. Jennie Moran, 1633 Normal Avenue

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arterio-sclerosis

DUE TO

(C)

Hypertensive CVD

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 7, 1953 to May 8, 1953 that I last saw the
deceased alive on May 8, 1953, and that death occurred at 11:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

Charles T. P.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

May 8, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/12/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

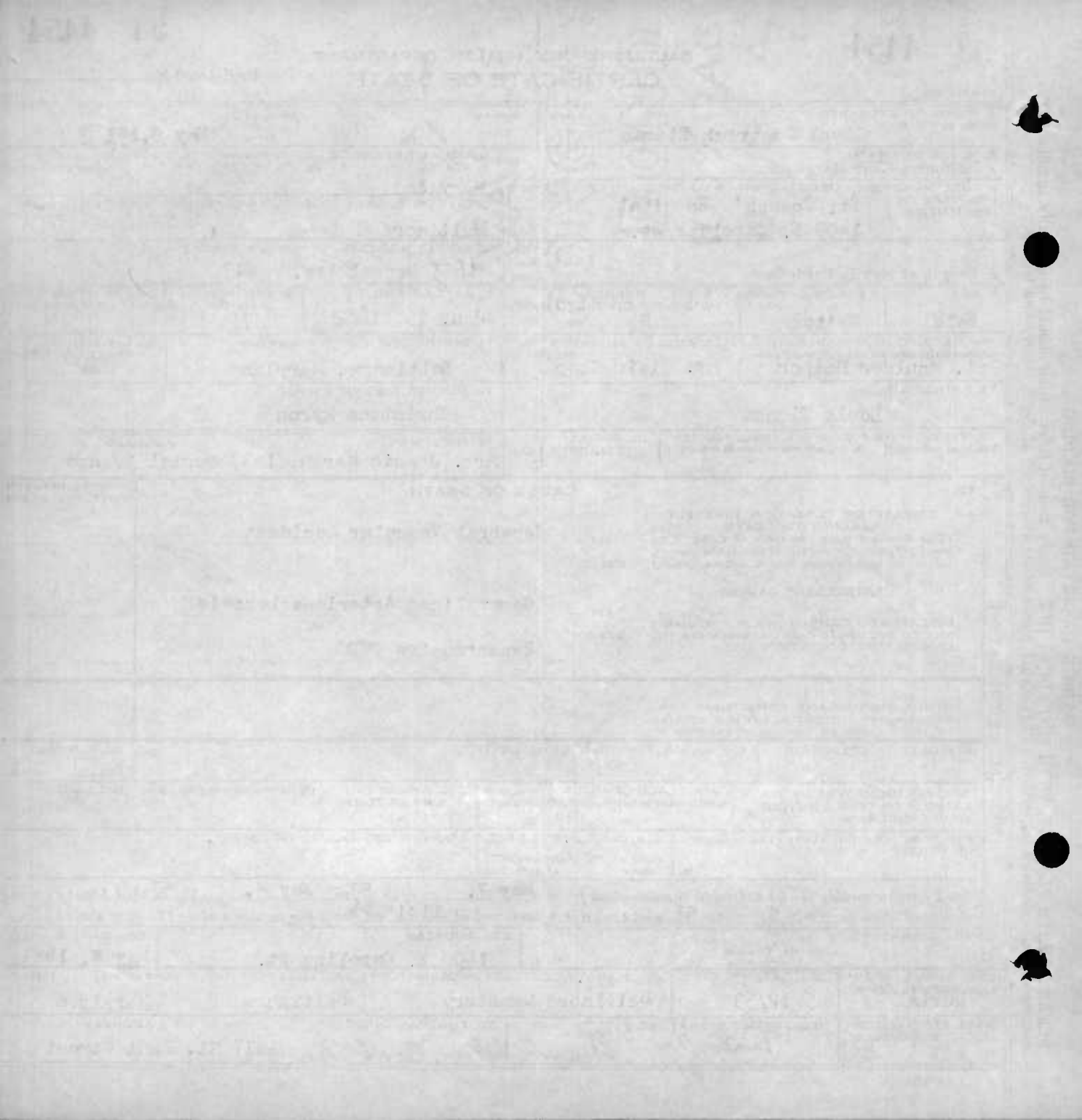
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 11 1953 Huntington Williams, M.D. M. Cook, Sec. 1217 St. Paul Street



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4455**

53 4455
BIRTH NO.

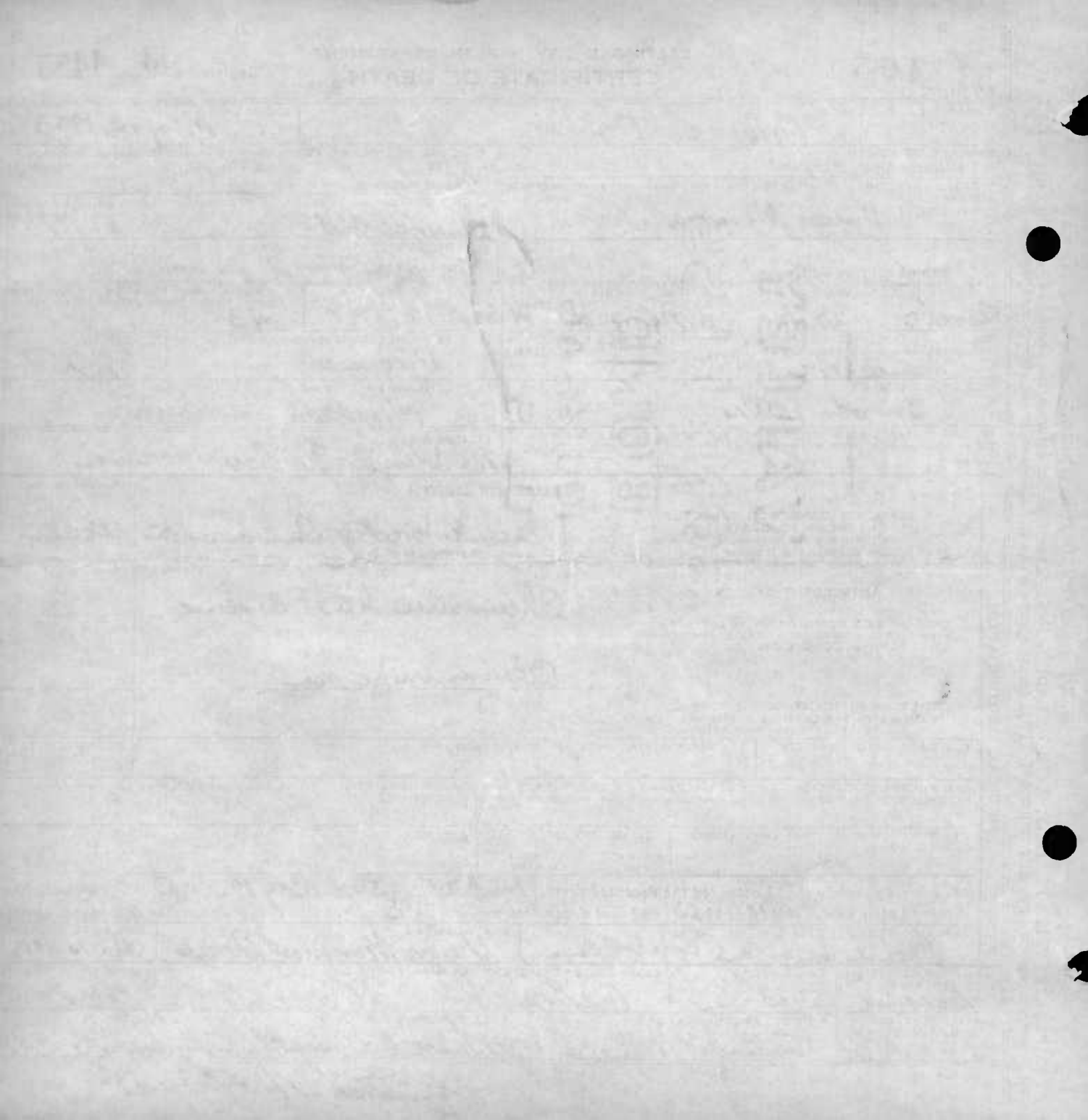
1. NAME OF DECEASED (Type or Print) Melvinia Tinkler		2. DATE OF DEATH May 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp.		C. CITY OR TOWN Owings Mill 41f outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Garrison Forest Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 13, 1909
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 43
13. FATHER'S NAME James Ellis		14. MOTHER'S MAIDEN NAME Elizabeth Lemberic	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. John W. Tinkler		ADDRESS same ✓	

18. 401.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Subacute bacterial endocarditis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 28 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Rheumatic heart disease DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) Rheumatic fever	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 28, 1953 , to May 10, 1953 , that I last saw the deceased alive on May 10, 1953 , and that death occurred at 3:05 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Mary Louise Hoff		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED May 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-13-53		24C. NAME OF CEMETERY OR CREMATORY Oakland	
24D. LOCATION (City, town, or county) (State) Carroll Co., Md.		25. FUNERAL DIRECTOR Wheeler & Haight - Sykesville, Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
VS 150					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4456
Registered No.

53 4456
BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL J. COVANT			2. DATE OF DEATH May 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, in institution; residence before admission) A. STATE Baltimore B. COUNTY Ind		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital of Ind			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 18-03		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 503 Hollins St #1		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-2-79	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Dept. Store	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel H. Covant			14. MOTHER'S MAIDEN NAME Martha S. Hussey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 315-05-3517	17. INFORMANT ADDRESS Mrs Bertha E. Covant, 2841 Huntington Ave		
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma sigmoid Colon			CAUSE OF DEATH Generalized Metastases to liver, Adrenals, lungs		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II			INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 4-14-53		19B. MAJOR FINDINGS OF OPERATION Adenocarcinoma liver		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-10-53 , 19 53 , to 5-10-53 , 19 53 , that I last saw the deceased alive on 5-10-53 , 19 53 , and that death occurred at 5 PM , from the causes and on the date stated above.					
23A. SIGNATURE Donald L. Daly Jr			23B. ADDRESS Lutheran Hosp		23C. DATE SIGNED 5-10-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 13-53	24C. NAME OF CEMETERY OR CREMATORY Malvernet	24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Frank J. Saly 814 2436 St.	

VS 150

3906C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1911

100

RECEIVED

1911

CERTIFICATE OF DEEDS

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT				53 4457	
CERTIFICATE OF DEATH				Registered No. 53 4457	
1. NAME OF DECEASED (Type or Print) JOHN W. McQUEEN				2. DATE OF DEATH May 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 552 Mosher Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Aug. 12, 1950	9. AGE (In years last birthday) 2 yrs.	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME John W. McQueen Sr.			14. MOTHER'S MAIDEN NAME Delores Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT John W. McQueen Sr. ADDRESS 1209 N. Edin St.	
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Howard		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 6, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 5/11/1953	24C. NAME OF CEMETERY OR CREMATORY Balto. National	24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS Schwood St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 4458	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO. <u>52-03358</u>				5-7-53	
1. NAME OF DECEASED (Type or Print) <u>ROBERT RAINES (Richardson)</u>				2. DATE OF DEATH	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>UNIVERSITY Hosp</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u> <u>19-02</u>	
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <u>1605 W Fayette St</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>Feb 4, 1902</u>	9. AGE (In years last birthday) <u>51</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Balto. Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>FRED Richardson</u>			14. MOTHER'S MAIDEN NAME <u>Lucy Rainey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Lucy Richardson</u>			ADDRESS <u>1605 W Fayette St</u>		
18. <u>491x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <u>Bilateral BRONCHO-PNEUMO.</u> DUE TO (A) <u>Bilateral BRONCHO-PNEUMO.</u> (B) <u>?</u> (C) <u>?</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u>				19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>?</u> (C) <u>?</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/6</u> 19 <u>53</u> , to <u>5/7</u> 19 <u>53</u> , that I last saw the deceased alive on <u>5/7</u> 19 <u>53</u> , and that death occurred at <u>8:20</u> Am., from the causes and on the date stated above.					
23A. SIGNATURE <u>Wm R Gress</u> M. D.		23B. ADDRESS <u>Wm. Hay</u>		23C. DATE SIGNED <u>5/8/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5/11/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cem</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 11 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Mrs Kate R. Williams</u>	
				ADDRESS <u>Schweuys</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4459

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grace Cooper

2. DATE
OF
DEATH

May 7, 1963

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

60 27 N. Carey St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

O. STREET ADDRESS (If rural, give location)

630 W. Mulberry St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 4, 1903

9. AGE (in years
last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ellicott City Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Henson

14. MOTHER'S MAIDEN NAME

Mary Bowman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Catherine Smith

ADDRESS

316 N. Carey St.

18. 174x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Metastatic Carcinoma
Stomach

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1952, to 5-7, 1952, that I last saw the
deceased alive on 5-7, 1952, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. (BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. Burial

24B. 5/11/1963

24C. Mt Calvary Cem

24D. Cedar Hill Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 11 1963

Huntington Williams, M.D.

Mrs. Netie R. Williams

Schroeder St

CERTIFICATE OF DEATH

Report of

Name of deceased		Sex		Age		Date of birth		Place of birth		Usual residence	
John Doe		Male		45		Jan 1, 1900		New York, N.Y.		New York, N.Y.	
Cause of death		Manner of death		Occupation		Education		Religion		Marital status	
Heart disease		Natural		Teacher		High School		Catholic		Married	
Date of death		Time of death		Place of death		Physician		Hospital		Burial place	
Jan 15, 1945		10:00 AM		New York, N.Y.		Dr. Smith		St. Mary's		St. Mary's	

Signature of physician		Signature of registrar		Signature of informant		Signature of witness		Signature of funeral director		Signature of undertaker	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Date of report		Time of report		Place of report		Physician		Hospital		Burial place	
Jan 16, 1945		11:00 AM		New York, N.Y.		Dr. Smith		St. Mary's		St. Mary's	

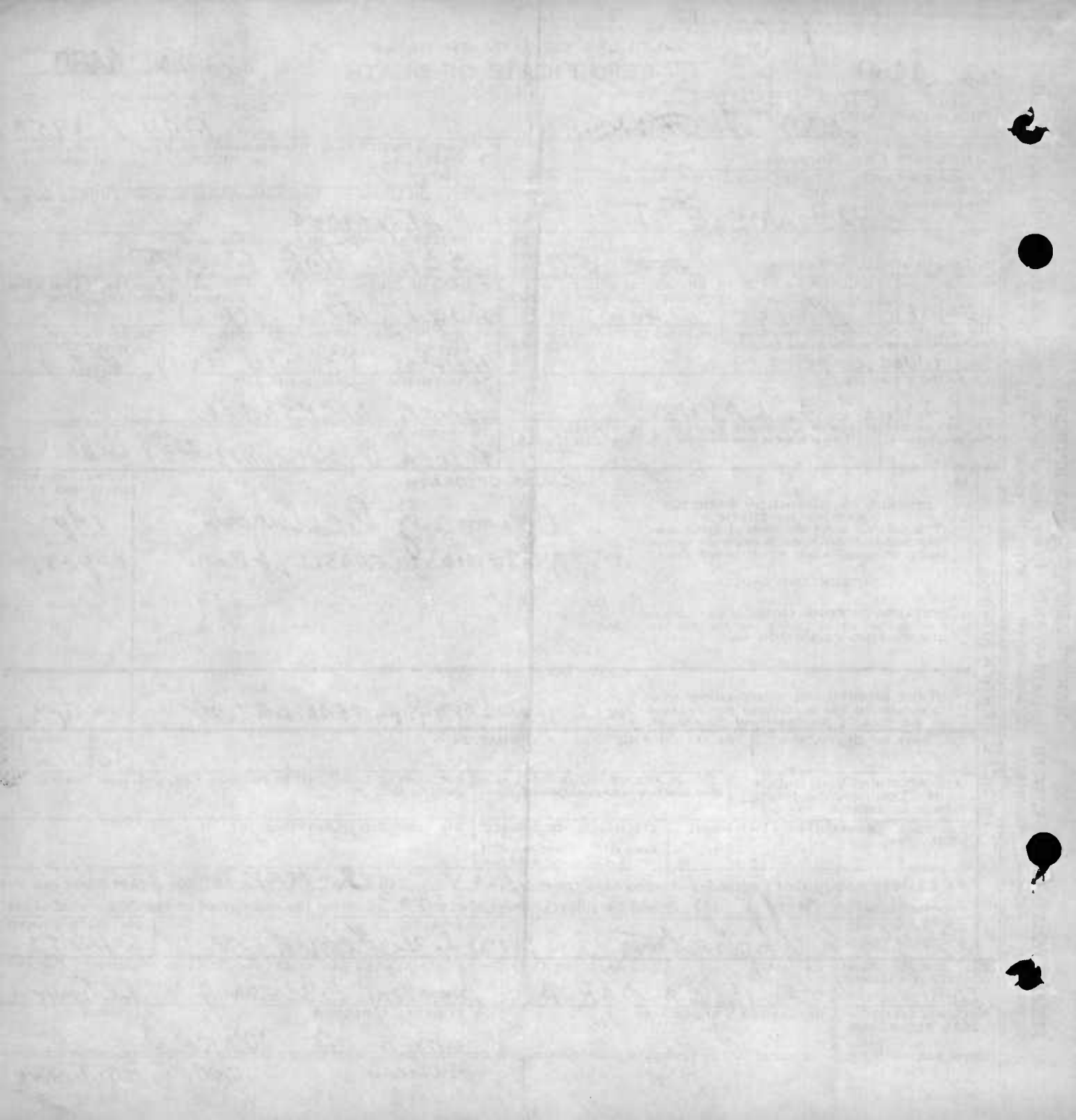
THIS CERTIFICATE IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS, NEW YORK CITY, NEW YORK.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 448053 4480
DEATH NO.

1. NAME OF DECEASED (Type or Print) <u>CORA A. McDONALD</u>			2. DATE OF DEATH <u>MAY 8, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3329 NOBLE ST</u>			C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 26-10</u>		
c. Length of stay in Baltimore <u>50</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>3329 NOBLE ST</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>AUG. 17, 1871</u>		9. AGE (In years last birthday) <u>81</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ADAMS County, PENNA</u>
13. FATHER'S NAME <u>SAMUEL A. LAYVER</u>			14. MOTHER'S MAIDEN NAME <u>ANNA MARSHALL</u>		12. CITIZEN OF <u>U. S. A</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Vernon B. McDONALD</u>
			ADDRESS <u>3329 NOBLE ST</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 dy</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>ARTERIOSCLEROSIS, GEN.</u>		<u>10 yrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>OCCLUSION LEFT POPHTEAL ARTERY</u>		<u>6 dys.</u>

19A. DATE OF OPERATION <u>6</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>JAN 4</u> , 19 <u>52</u> , <u>MAY 8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>MAY 8</u> , 19 <u>53</u> , and that death occurred at <u>6:20 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>William H. Hightam</u>		23B. ADDRESS <u>121 S. Highland Ave.</u>		23C. DATE SIGNED <u>5/11/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>MAY 11, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>OAKLAWN Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>EASTERN AVE BALTIMORE</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 11 1953</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
25. FUNERAL DIRECTOR <u>McLean</u>		ADDRESS <u>3000 E. BALTIMORE ST</u>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4481****53 4481**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**William Krause**2. DATE
OF
DEATH**5-9-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**Maryland.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 24 1-02

c. Length of stay in Baltimore

77

D. STREET ADDRESS (If rural, give location)

108 Rochester Place.

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

Feb 14, 1876

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sheet Metal Worker.

10B. KIND OF BUSINESS OR INDUSTRY

Stove Industry

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial infarction**Immediate**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary Occlusion

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension**3 years**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/15, 1952** to **5-9, 1953** that I last saw the deceased alive on **5-9, 1953**, and that death occurred at **10:15 m.**, from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Rosman Jr.

M. D.

23B. ADDRESS

2800 E Chase St.

23C. DATE SIGNED

5-9-53

24A. BURIAL/CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 12, 1953

24C. NAME OF CEMETERY OR CREMATORY

SWARTZ cemetery

24D. LOCATION (City, town, or county) (State)

O'Donnell ST BALT. and

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John H. MORAN

ADDRESS

3000 E BALTIMORE ST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

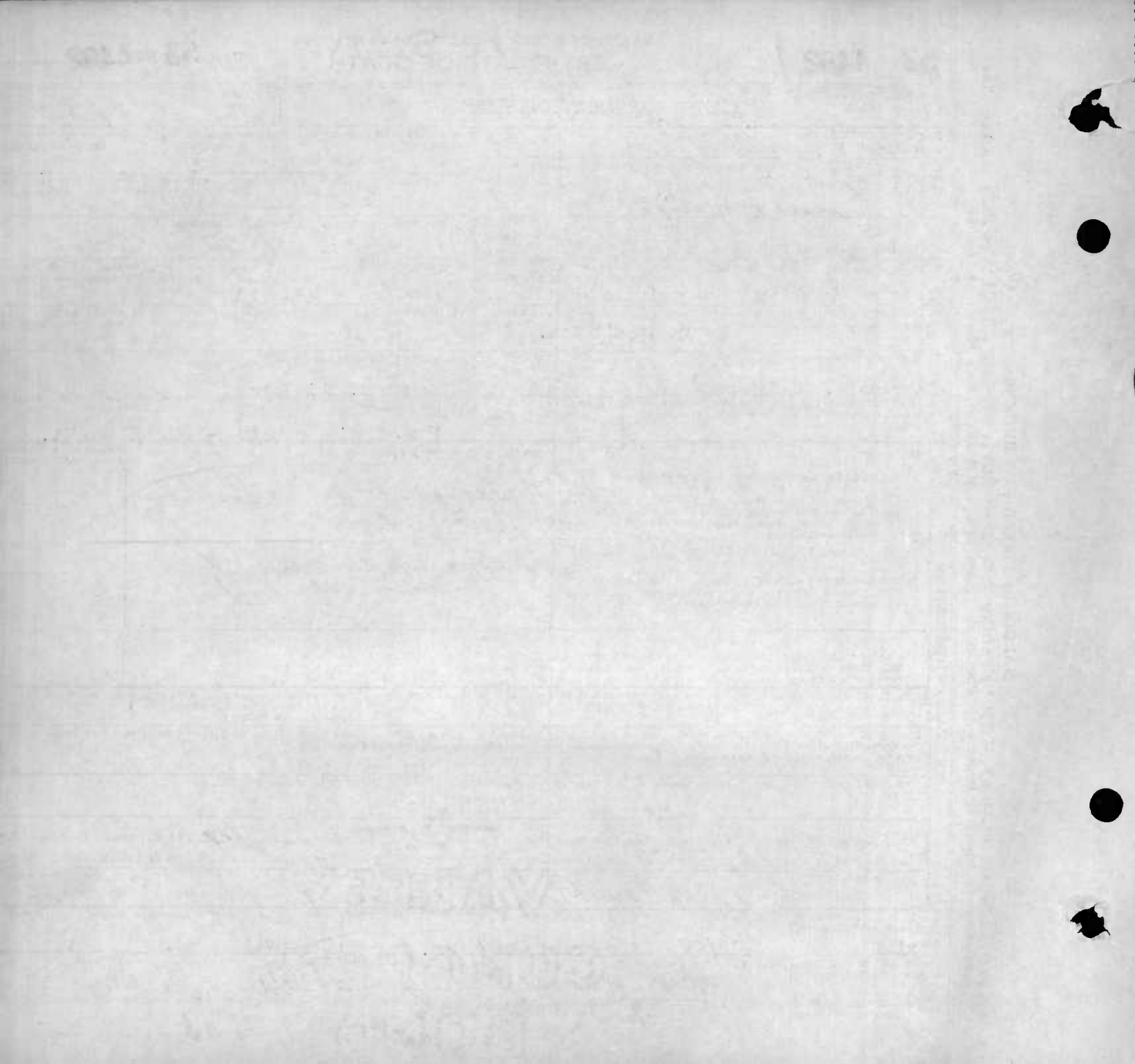
53 4482

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4482

1. NAME OF DECEASED (Type or Print) DOROTHY MARGARET GOLDEISEN			2. DATE OF DEATH 5/9/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 University			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3304 N. Hilton St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 1/18/03		9. AGE (In years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10B. KIND OF BUSINESS OR INDUSTRY Farm Credit Adm. of Baltimore	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles A. Goldeisen			14. MOTHER'S MAIDEN NAME Annie M. Thielbar		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mrs. Annie Goldeisen-3304 Hilton St.		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 151x			CAUSE OF DEATH (A) Metastatic adenocarcinoma to spine DUE TO (B) Adenocarcinoma of stomach DUE TO (C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/4, 1953 , to 5/9, 1953 , that I last saw the deceased alive on 5/9, 1953 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE L. Welpin, Jr. M. D.			23B. ADDRESS University Hosp.		23C. DATE SIGNED 5/10/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/12/53	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24D. LOCATION (City, town, or county) (State) Pikesville, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR, ADDRESS Thm. J. Fickner & Sons 69071 Balto 17, Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4463

BIRTH NO. 53 4463

1. NAME OF DECEASED
(Type or Print)

HELEN COVER

2. DATE
OF
DEATH

May 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland, Talbot

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Church Home & Hospital

C. CITY OR TOWN

Easton

D. STREET ADDRESS (If rural, give location)

7033

C. Length of stay in Baltimore

1

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 11, 1873

9. AGE (in years
last birthday)

80

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

Hospital

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Thomas Cover

14. MOTHER'S MAIDEN NAME

Mary Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Church Home Hospital

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Carcinoma of Colon

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan. 1953

19B. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma of Colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3, 1953, to 5/10, 1953, that I last saw the
deceased alive on 5/10, 1953, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

David F. Dawson

M. D.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

5/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/12/53

24C. NAME OF CEMETERY OR CREMATORY

Spring Hill

24D. LOCATION (City, town, or county)

Easton Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 11 1953

REGISTRAR'S SIGNATURE

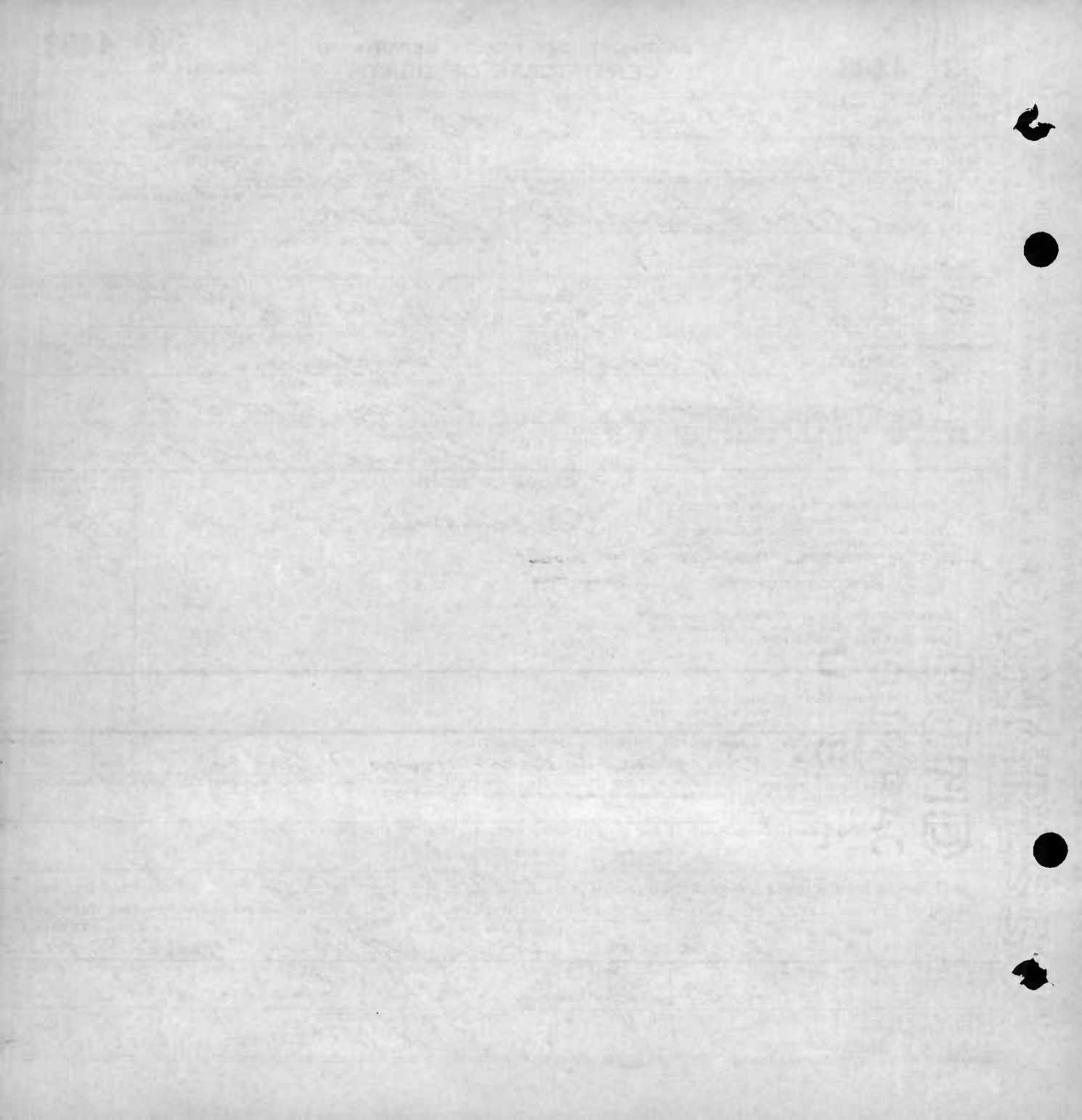
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

R. Ellis Clark

ADDRESS

Easton Md



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 4484**

53 4484
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM T. DURGIN			2. DATE OF DEATH May 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 46 Mos. 27-16 Days			D. STREET ADDRESS (If rural, give location) 3433 Dupont Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 30, 1888	9. AGE (In years last birthday) 65	10. Under 1 Year Months: 65 Days: 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist			10B. KIND OF BUSINESS OR INDUSTRY Koppers Co.		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? Maryland		
13. FATHER'S NAME William Durgin			14. MOTHER'S MAIDEN NAME Helen Rosenbrock		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 214-01-5886		
17. INFORMANT Mrs. Anna C. Durgin-3433 Dupont Ave.			ADDRESS		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 day		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerotic heart disease			DUE TO 10 months		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 13, 1952 , to May 8, 1953 , that I last saw the deceased alive on May 8, 1953 , and that death occurred at 3:30 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Manuel Levin			23B. ADDRESS 7818 Reisterstown Rd		
23C. DATE SIGNED May 9, 1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 5/11/53		
24C. NAME OF CEMETERY OR CREMATORY Western Cem.			24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953			REGISTRAR'S SIGNATURE Huntington Williams		
25. FUNERAL DIRECTOR J. F. Fickner & Sons			ADDRESS Balto 17, Md.		

VS 150

GET Baltimore City Health Department
 1101 North Broadway, Baltimore, Md. 21201
 WHICH REGISTRATION NUMBER

NOTARIZED JACOBSON

DATE RECEIVED BY LOCAL HEALTH DEPARTMENT		DATE RECEIVED BY REGISTRAR'S SIGNATURE		1. FURNISH ADDRESS		2. NAME IN COMPLETE OR INCOMPLETE		3. SEX AND DATE		4. RACE		5. AGE		6. SEX		7. RACE		8. AGE		9. SEX		10. RACE		11. AGE		12. SEX		13. RACE		14. AGE		15. SEX		16. RACE		17. AGE		18. SEX		19. RACE		20. AGE		21. SEX		22. RACE		23. AGE		24. SEX		25. RACE		26. AGE		27. SEX		28. RACE		29. AGE		30. SEX		31. RACE		32. AGE		33. SEX		34. RACE		35. AGE		36. SEX		37. RACE		38. AGE		39. SEX		40. RACE		41. AGE		42. SEX		43. RACE		44. AGE		45. SEX		46. RACE		47. AGE		48. SEX		49. RACE		50. AGE		51. SEX		52. RACE		53. AGE		54. SEX		55. RACE		56. AGE		57. SEX		58. RACE		59. AGE		60. SEX		61. RACE		62. AGE		63. SEX		64. RACE		65. AGE		66. SEX		67. RACE		68. AGE		69. SEX		70. RACE		71. AGE		72. SEX		73. RACE		74. AGE		75. SEX		76. RACE		77. AGE		78. SEX		79. RACE		80. AGE		81. SEX		82. RACE		83. AGE		84. SEX		85. RACE		86. AGE		87. SEX		88. RACE		89. AGE		90. SEX		91. RACE		92. AGE		93. SEX		94. RACE		95. AGE		96. SEX		97. RACE		98. AGE		99. SEX		100. RACE		101. AGE		102. SEX		103. RACE		104. AGE		105. SEX		106. RACE		107. AGE		108. SEX		109. RACE		110. AGE		111. SEX		112. RACE		113. AGE		114. SEX		115. RACE		116. AGE		117. SEX		118. RACE		119. AGE		120. SEX		121. RACE		122. AGE		123. SEX		124. RACE		125. AGE		126. SEX		127. RACE		128. AGE		129. SEX		130. RACE		131. AGE		132. SEX		133. RACE		134. AGE		135. SEX		136. RACE		137. AGE		138. SEX		139. RACE		140. AGE		141. SEX		142. RACE		143. AGE		144. SEX		145. RACE		146. AGE		147. SEX		148. RACE		149. AGE		150. SEX		151. RACE		152. AGE		153. SEX		154. RACE		155. AGE		156. SEX		157. RACE		158. AGE		159. SEX		160. RACE		161. AGE		162. SEX		163. RACE		164. AGE		165. SEX		166. RACE		167. AGE		168. SEX		169. RACE		170. AGE		171. SEX		172. RACE		173. AGE		174. SEX		175. RACE		176. AGE		177. SEX		178. RACE		179. AGE		180. SEX		181. RACE		182. AGE		183. SEX		184. RACE		185. AGE		186. SEX		187. RACE		188. AGE		189. SEX		190. RACE		191. AGE		192. SEX		193. RACE		194. AGE		195. SEX		196. RACE		197. AGE		198. SEX		199. RACE		200. AGE		201. SEX		202. RACE		203. AGE		204. SEX		205. RACE		206. AGE		207. SEX		208. RACE		209. AGE		210. SEX		211. RACE		212. AGE		213. SEX		214. RACE		215. AGE		216. SEX		217. RACE		218. AGE		219. SEX		220. RACE		221. AGE		222. SEX		223. RACE		224. AGE		225. SEX		226. RACE		227. AGE		228. SEX		229. RACE		230. AGE		231. SEX		232. RACE		233. AGE		234. SEX		235. RACE		236. AGE		237. SEX		238. RACE		239. AGE		240. SEX		241. RACE		242. AGE		243. SEX		244. RACE		245. AGE		246. SEX		247. RACE		248. AGE		249. SEX		250. RACE		251. AGE		252. SEX		253. RACE		254. AGE		255. SEX		256. RACE		257. AGE		258. SEX		259. RACE		260. AGE		261. SEX		262. RACE		263. AGE		264. SEX		265. RACE		266. AGE		267. SEX		268. RACE		269. AGE		270. SEX		271. RACE		272. AGE		273. SEX		274. RACE		275. AGE		276. SEX		277. RACE		278. AGE		279. SEX		280. RACE		281. AGE		282. SEX		283. RACE		284. AGE		285. SEX		286. RACE		287. AGE		288. SEX		289. RACE		290. AGE		291. SEX		292. RACE		293. AGE		294. SEX		295. RACE		296. AGE		297. SEX		298. RACE		299. AGE		300. SEX		301. RACE		302. AGE		303. SEX		304. RACE		305. AGE		306. SEX		307. RACE		308. AGE		309. SEX		310. RACE		311. AGE		312. SEX		313. RACE		314. AGE		315. SEX		316. RACE		317. AGE		318. SEX		319. RACE		320. AGE		321. SEX		322. RACE		323. AGE		324. SEX		325. RACE		326. AGE		327. SEX		328. RACE		329. AGE		330. SEX		331. RACE		332. AGE		333. SEX		334. RACE		335. AGE		336. SEX		337. RACE		338. AGE		339. SEX		340. RACE		341. AGE		342. SEX		343. RACE		344. AGE		345. SEX		346. RACE		347. AGE		348. SEX		349. RACE		350. AGE		351. SEX		352. RACE		353. AGE		354. SEX		355. RACE		356. AGE		357. SEX		358. RACE		359. AGE		360. SEX		361. RACE		362. AGE		363. SEX		364. RACE		365. AGE		366. SEX		367. RACE		368. AGE		369. SEX		370. RACE		371. AGE		372. SEX		373. RACE		374. AGE		375. SEX		376. RACE		377. AGE		378. SEX		379. RACE		380. AGE		381. SEX		382. RACE		383. AGE		384. SEX		385. RACE		386. AGE		387. SEX		388. RACE		389. AGE		390. SEX		391. RACE		392. AGE		393. SEX		394. RACE		395. AGE		396. SEX		397. RACE		398. AGE		399. SEX		400. RACE		401. AGE		402. SEX		403. RACE		404. AGE		405. SEX		406. RACE		407. AGE		408. SEX		409. RACE		410. AGE		411. SEX		412. RACE		413. AGE		414. SEX		415. RACE		416. AGE		417. SEX		418. RACE		419. AGE		420. SEX		421. RACE		422. AGE		423. SEX		424. RACE		425. AGE		426. SEX		427. RACE		428. AGE		429. SEX		430. RACE		431. AGE		432. SEX		433. RACE		434. AGE		435. SEX		436. RACE		437. AGE		438. SEX		439. RACE		440. AGE		441. SEX		442. RACE		443. AGE		444. SEX		445. RACE		446. AGE		447. SEX		448. RACE		449. AGE		450. SEX		451. RACE		452. AGE		453. SEX		454. RACE		455. AGE		456. SEX		457. RACE		458. AGE		459. SEX		460. RACE		461. AGE		462. SEX		463. RACE		464. AGE		465. SEX		466. RACE		467. AGE		468. SEX		469. RACE		470. AGE		471. SEX		472. RACE		473. AGE		474. SEX		475. RACE		476. AGE		477. SEX		478. RACE		479. AGE		480. SEX		481. RACE		482. AGE		483. SEX		484. RACE		485. AGE		486. SEX		487. RACE		488. AGE		489. SEX		490. RACE		491. AGE		492. SEX		493. RACE		494. AGE		495. SEX		496. RACE		497. AGE		498. SEX		499. RACE		500. AGE		501. SEX		502. RACE		503. AGE		504. SEX		505. RACE		506. AGE		507. SEX		508. RACE		509. AGE		510. SEX		511. RACE		512. AGE		513. SEX		514. RACE		515. AGE		516. SEX		517. RACE		518. AGE		519. SEX		520. RACE		521. AGE		522. SEX		523. RACE		524. AGE		525. SEX		526. RACE		527. AGE		528. SEX		529. RACE		530. AGE		531. SEX		532. RACE		533. AGE		534. SEX		535. RACE		536. AGE		537. SEX		538. RACE		539. AGE		540. SEX		541. RACE		542. AGE		543. SEX		544. RACE		545. AGE		546. SEX		547. RACE		548. AGE		549. SEX		550. RACE		551. AGE		552. SEX		553. RACE		554. AGE		555. SEX		556. RACE		557. AGE		558. SEX		559. RACE		560. AGE		561. SEX		562. RACE		563. AGE		564. SEX		565. RACE		566. AGE		567. SEX		568. RACE		569. AGE		570. SEX		571. RACE		572. AGE		573. SEX		574. RACE		575. AGE		576. SEX		577. RACE		578. AGE		579. SEX		580. RACE		581. AGE		582. SEX		583. RACE		584. AGE		585. SEX		586. RACE		587. AGE		588. SEX		589. RACE		590. AGE		591. SEX		592. RACE		593. AGE		594. SEX		595. RACE		596. AGE		597. SEX		598. RACE		599. AGE		600. SEX		601. RACE		602. AGE		603. SEX		604. RACE		605. AGE		606. SEX		607. RACE		608. AGE		609. SEX		610. RACE		611. AGE		612. SEX		613. RACE		614. AGE		615. SEX		616. RACE		617. AGE		618. SEX		619. RACE		620. AGE		621. SEX		622. RACE		623. AGE		624. SEX		625. RACE		626. AGE		627. SEX		628. RACE		629. AGE		630. SEX		631. RACE		632. AGE		633. SEX		634. RACE		635. AGE		636. SEX		637. RACE		638. AGE		639. SEX		640. RACE		641. AGE		642. SEX		643. RACE		644. AGE		645. SEX		646. RACE		647. AGE		648. SEX		649. RACE		650. AGE		651. SEX		652. RACE		653. AGE		654. SEX		655. RACE		656. AGE		657. SEX		658. RACE		659. AGE		660. SEX		661. RACE		662. AGE		663. SEX		664. RACE		665. AGE		666. SEX		667. RACE		668. AGE		669. SEX		670. RACE		671. AGE		672. SEX		673. RACE		674. AGE		675. SEX		676. RACE		677. AGE		678. SEX		679. RACE		680. AGE		681. SEX		682. RACE		683. AGE		684. SEX		685. RACE		686. AGE		687. SEX		688. RACE		689. AGE		690. SEX		691. RACE		692. AGE		693. SEX		694. RACE		695. AGE		696. SEX		697. RACE		698. AGE		699. SEX		700. RACE		701. AGE		702. SEX		703. RACE		704. AGE		705. SEX		706. RACE		707. AGE		708. SEX		709. RACE		710. AGE		711. SEX		712. RACE		713. AGE		714. SEX		715. RACE		716. AGE		717. SEX		718. RACE		719. AGE		720. SEX		721. RACE		722. AGE		723. SEX		724. RACE		725. AGE		726. SEX		727. RACE		728. AGE		729. SEX		730. RACE		731. AGE		732. SEX		733. RACE		734. AGE		735. SEX		736. RACE		737. AGE		738. SEX		739. RACE		740. AGE		741. SEX		742. RACE		743. AGE		744. SEX		745. RACE		746. AGE		747. SEX		748. RACE		749. AGE		750. SEX		751. RACE		752. AGE		753. SEX		754. RACE		755. AGE		756. SEX		757. RACE		758. AGE		759. SEX		760. RACE		761. AGE		762. SEX		763. RACE		764. AGE		765. SEX		766. RACE		767. AGE		768. SEX		769. RACE		770. AGE		771. SEX		772. RACE		773. AGE		774. SEX		775. RACE		776. AGE		777. SEX		778. RACE		779. AGE		780. SEX		781. RACE		782. AGE		783. SEX		784. RACE		785. AGE		786. SEX		787. RACE		788. AGE		789. SEX		790. RACE		791. AGE		792. SEX		793. RACE		794. AGE		795. SEX		796. RACE		797. AGE		798. SEX		799. RACE		800. AGE		801. SEX		802. RACE		803. AGE		804. SEX		805. RACE		806. AGE		807. SEX		808. RACE		809. AGE		810. SEX		811. RACE		812. AGE		813. SEX		814. RACE		815. AGE		816. SEX		817. RACE		818. AGE		819. SEX		820. RACE		821. AGE		822. SEX		823. RACE		824. AGE		825. SEX		826. RACE		827. AGE		828. SEX		829. RACE		830. AGE		831. SEX		832. RACE		833. AGE		834. SEX		835. RACE		836. AGE		837. SEX		838. RACE		839. AGE		840. SEX		841. RACE		842. AGE		843. SEX		844. RACE		845. AGE		846. SEX		847. RACE		848. AGE		849. SEX		850. RACE		851. AGE		852. SEX		853. RACE		854. AGE		855. SEX		856. RACE		857. AGE		858. SEX	
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 4485**

53 NO. 4485

1. NAME OF DECEASED
(Type or Print)

MARSHALL BRYANT

2. DATE OF DEATH **5-8-53**

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE **Maryland** b. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
PROVIDENT HOSP

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 13-04

d. STREET ADDRESS (If rural, give location)
2216 Ruskin Ave.

c. Length of stay in Baltimore **39 yrs.**

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Aug. 19, 1913

9. AGE (In years last birthday)

39

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work (conducting most of working life, even if retired))
Sailor

10b. KIND OF BUSINESS OR INDUSTRY
General

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Hayman Bryant

14. MOTHER'S MAIDEN NAME

Frances Syler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. Informant **Mrs. Frances A. Syler**
1218 St. Ruth Ave.

18. **E982X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Stab Wound of Chest**

ANTECEDENT CAUSES

DUE TO

(B) **Massive Thoracic Hemorrhage**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

In front of 1524 Riggs Ave.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 9, 1953 4:00 P.

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Stabbed in chest.

22. I certify that I took charge of the remains described above, held an **AUTOPSY** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23a. SIGNATURE

William Updegraff

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23c. DATE SIGNED **5-10-53**

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

May 13, 1953

24c. NAME OF CEMETERY OR CREMATORY

St. Thomas

24d. LOCATION (City, town, or county)

Randalltown, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 11 1953

25. FUNERAL DIRECTOR

1601 David Hill Ave.

V S 151

N 862.2

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NEW YORK STATE DEPARTMENT OF
CORRECTIONS
SEP 20 1908

TO THE
NEW YORK STATE DEPARTMENT OF
CORRECTIONS

FROM
NEW YORK STATE DEPARTMENT OF
CORRECTIONS

SUBJECT
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CORRECTIONS

RE
NEW YORK STATE DEPARTMENT OF
CORRECTIONS

FOR
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CORRECTIONS

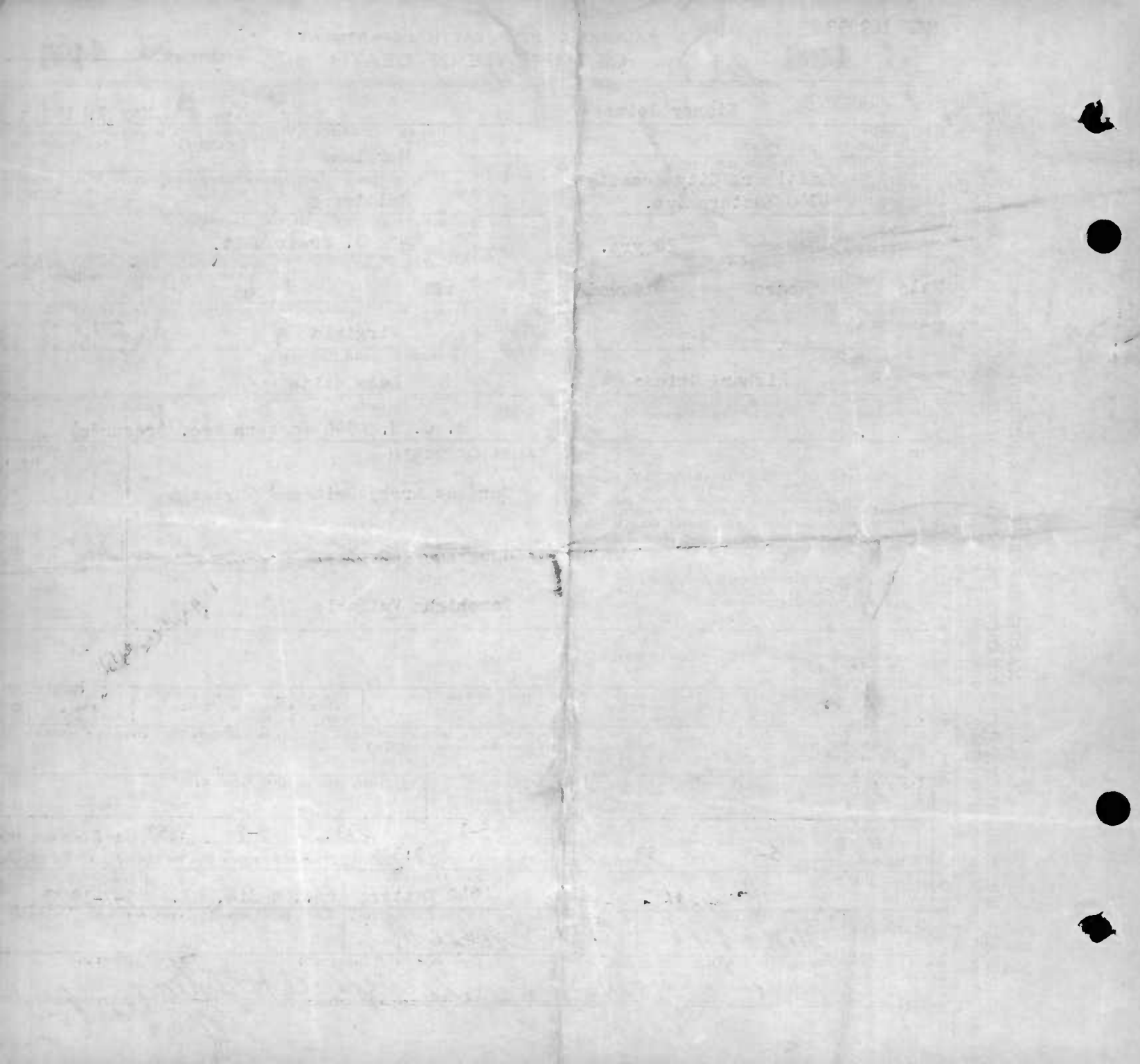
AND
NEW YORK STATE DEPARTMENT OF
CORRECTIONS

FOR
NEW YORK STATE DEPARTMENT OF
CORRECTIONS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-5-20 MAF 169993 53 4486 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4486	
1. NAME OF DECEASED (Type or Print) Sidney Goines			2. DATE OF DEATH May 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02		
6. Length of stay in Baltimore 20 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 502 W. Preston St.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 65	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian			10B. KIND OF BUSINESS OR INDUSTRY Wine Mill		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Richard Goines			14. MOTHER'S MAIDEN NAME Lucy White		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT B. C. H. 4940 Eastern Ave. (records)			ADDRESS		
18. 455X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cardiac Arrhythmia and Auricula DUE TO ANTECEDENT CAUSES (B) Gangrene left foot DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Pomphigus Vulgaris					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-1 , 19 53 , to 5-7 , 19 53 , that I last saw the deceased alive on 5-7 , 19 53 , and that death occurred at 9:30A m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Goines		23B. ADDRESS 4940 Eastern Ave., Balto, Md.		23C. DATE SIGNED 5-7-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) May 16		24C. NAME OF CEMETERY OR CREMATORY My Calvary		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Adolphus Halstead	
VS 150		ADDRESS 9703E			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4487

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose S. Price

2. DATE
OF
DEATH

5/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hospital of Baltimore, Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-181

D. STREET ADDRESS (If rural, give location)

5456 Jonquil Ave. #15

c. Length of stay in Baltimore

46 Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1885

9. AGE (in years
last birthday)

67

H Under 1 Year

Months

H Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Lux Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Kallman Shervitz

14. MOTHER'S MAIDEN NAME

Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Morris Price - 3206 Stratmore

18. 4221

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Arteriosclerotic Cardiovascular Disease

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Residuals of Cerebrovascular Accident.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5/11, 1953 to 5/10, 1953 that I last saw the
deceased alive on 5/10, 1953, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Shank C. Ruben

M. D.

Sinai Hosp. & Balto

5/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/12/53

City Cham

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

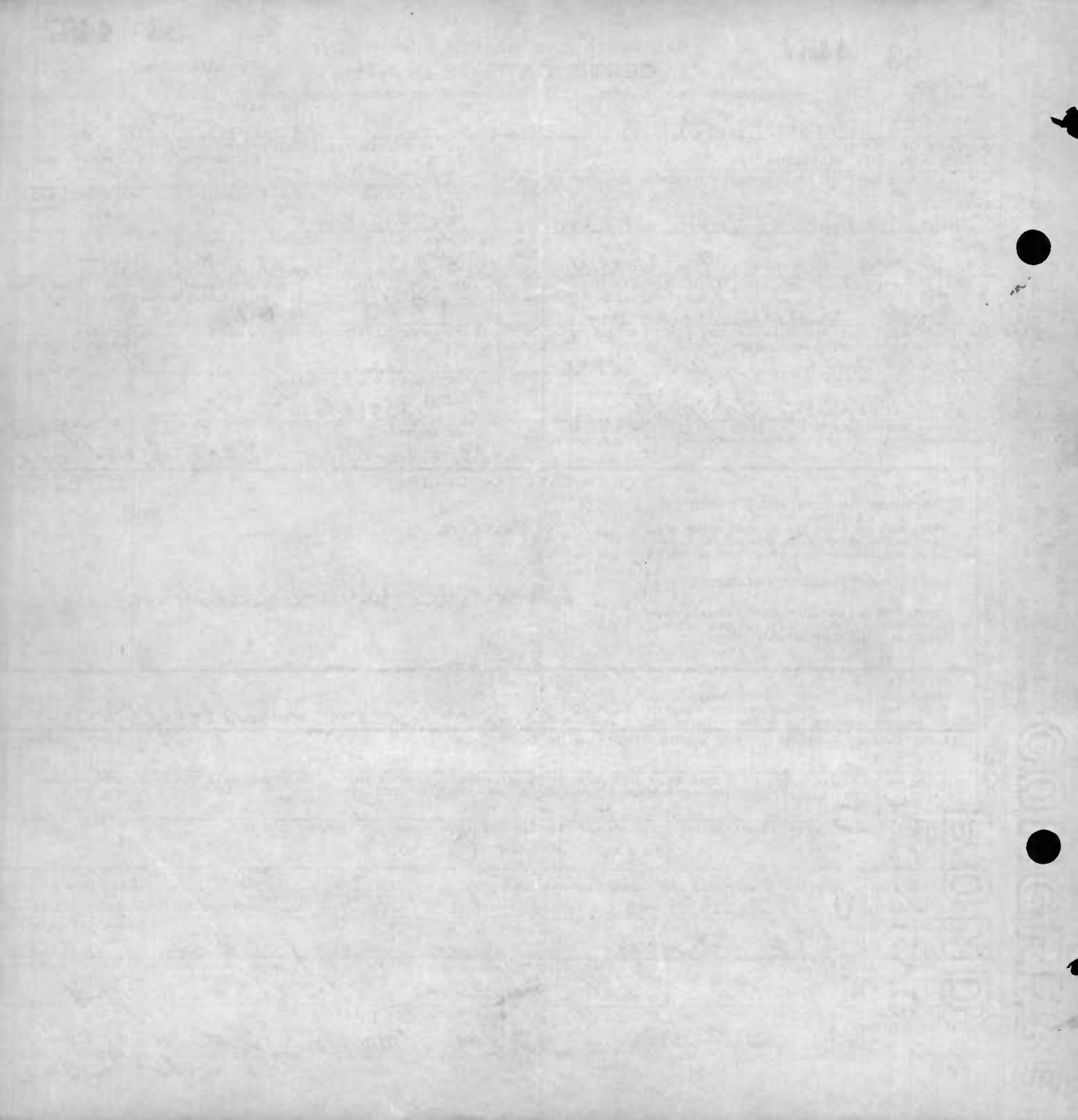
ADDRESS

MAY 11 1953

Frankington Williams, M.D.

Sol. Herinson & Bros - 1124-2620

North Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

W-452
53 4468

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John A. Williams

2. DATE OF DEATH 5-9-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
1526 Presser Ct

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B. COUNTY X

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-01

D. STREET ADDRESS (If rural, give location)
1526 Presser Ct.

c. Length of stay in Baltimore 17 yrs

5. SEX Male 6. COLOR OR RACE Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 11-20-1912 9. AGE (In years last birthday) 40 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder 10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country) Richmond Va. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Williams 14. MOTHER'S MAIDEN NAME Rosa Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 228-10-1977 17. INFORMANT Clara Williams ADDRESS 1526 Presser Ct.

18. 443x and 322.0 CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO (A) Acute Atherosclerosis

ANTECEDENT CAUSES
DUE TO (B) Hypertensive Cardiovascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE William V. Wood 23B. CHIEF MEDICAL EXAMINER M.D. 23C. DATE SIGNED 5-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 5-12-1953 24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery 24D. LOCATION (City, town, or county) Anne Arundel Co. Md. (State)

DATE RECEIVED BY LOCAL REGISTRAR May 11 1953 REGISTRAR'S SIGNATURE Huntington Williams 25. FUNERAL DIRECTOR Randolph J. Collick ADDRESS 14126 Prestons St.

VS 151
6853U

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

F-610
53 4469BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4469

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. Lena Furbay

2. DATE
OF
DEATH

5-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore City #5

D. STREET ADDRESS (If rural, give location)

5016 Wright Ave. 26-34

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

5-28-1884

9. AGE (In years
last birthday)

68

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Smith

14. MOTHER'S MAIDEN NAME

Ann Cramblet

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

HAROLD FURBAY 5714 FALLS ROAD

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ~~Coronary artery~~

DUE TO Pulmonary Emphysema & Fibrosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio renal Disease

DUE TO
(C) Gastrointestinal Bleeding Etiology Under
terminatedII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21-53, 19__, to 5-11-53, 19__, that I last saw the
deceased alive on 5-11-53, 19__, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. Ireland

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

5-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

MAY 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

GEORGETOWN

24D. LOCATION (City, town, or county)

STEOBENVILLE, OHIO

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Williams Cook, Inc. 1217 ST. PAUL ST.

ADDRESS

See query reply
in Document File

M-320

53-4470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4470

Registered No. _____

BIRTH NO. 53-10203

1. NAME OF DECEASED
(Type or Print)

BABY GIRL MATTHEWS

2. DATE
OF
DEATH

5-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

MD

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 8-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2406 E LAFAYETTE Ave

5. SEX

FEMALE

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5-10-53

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Vaughn Jerome Matthews

14. MOTHER'S MAIDEN NAME

Jeannette Beaman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

VAUGHN J. MATTHEWS, JR. 2406 E. LAFAYETTE

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1953, to 5-10, 1953, that I last saw the
deceased alive on 5-10, 1953, and that death occurred at 9:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. Lawlenti

M. D.

23B. ADDRESS

179 Washington Blvd 5/11/53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/11/53

24C. NAME OF CEMETERY OR CREMATORY

LODOUN PARK

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. E. J. H. H.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul Street

FORM 16

OFFICE OF THE SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301-1000

0-11-82

25



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-16636		1. NAME OF DECEASED (Type or Print) GEORGE H. HOOK Jr.		2. DATE OF DEATH MAY 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
D. STREET ADDRESS (If rural, give location) 3717 GREEN YALE		2-5-41			
c. Length of stay in Baltimore Life	Yrs. Mos. Days	8. DATE OF BIRTH July 24, 1951		9. AGE (in years last birthday) 1	
5. SEX M	6. COLOR OR RACE KI	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		11. BIRTHPLACE (State or foreign country) BALTIMORE MD.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME GEORGE HENRY HOOK		14. MOTHER'S MAIDEN NAME MARCELLA GAYHARDT			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Geo. H. Hook, 3717 Greenvale Rd.	
18. 204.0		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) CARDIO-RESPIRATORY FAILURE			
ANTECEDENT CAUSES		(B) ACUTE LYMPHOCYTIC LEUKEMIA			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 Month			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> ? NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 10, 1953 , to May 10, 1953 , that I last saw the deceased alive on May 10, 1953 , and that death occurred at 5:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Martina Thomas-Criteza		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 5-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 13/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park, Baltimore 29. Ind.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Harry J. Witzke		ADDRESS 4101 Edmondson Ave	
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953		REGISTRAR'S SIGNATURE H. J. Williams		25. FUNERAL DIRECTOR Harry J. Witzke	

5-32-4472

53 4472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FLORENCE

Steeckett

2. DATE
OF
DEATH

5-19-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

LUTHERAN Hosp. of Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

20-04

c. Length of stay in Baltimore

65 yrs?

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

2322 FREDERICK AVE.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MARCH 9-1875

9. AGE (In years,
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

(2)

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

(2)

14. MOTHER'S MAIDEN NAME

(2)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

2005 S. Newbould St
22. S. RUBINSON ST

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Tamponade

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Rupture of left ventricle

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

old infarct

19a. DATE OF OPERATION

none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/5-1953, to 5/9, 1953, that I last saw the
deceased alive on 5/9, 1953, and that death occurred at 10¹⁰ A. M., from the causes and on the date stated above.

23a. SIGNATURE

F. P. Weyman

M. D.

23b. ADDRESS

Lutheran Hospital

23c. DATE SIGNED

5/9/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Houdon Park

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

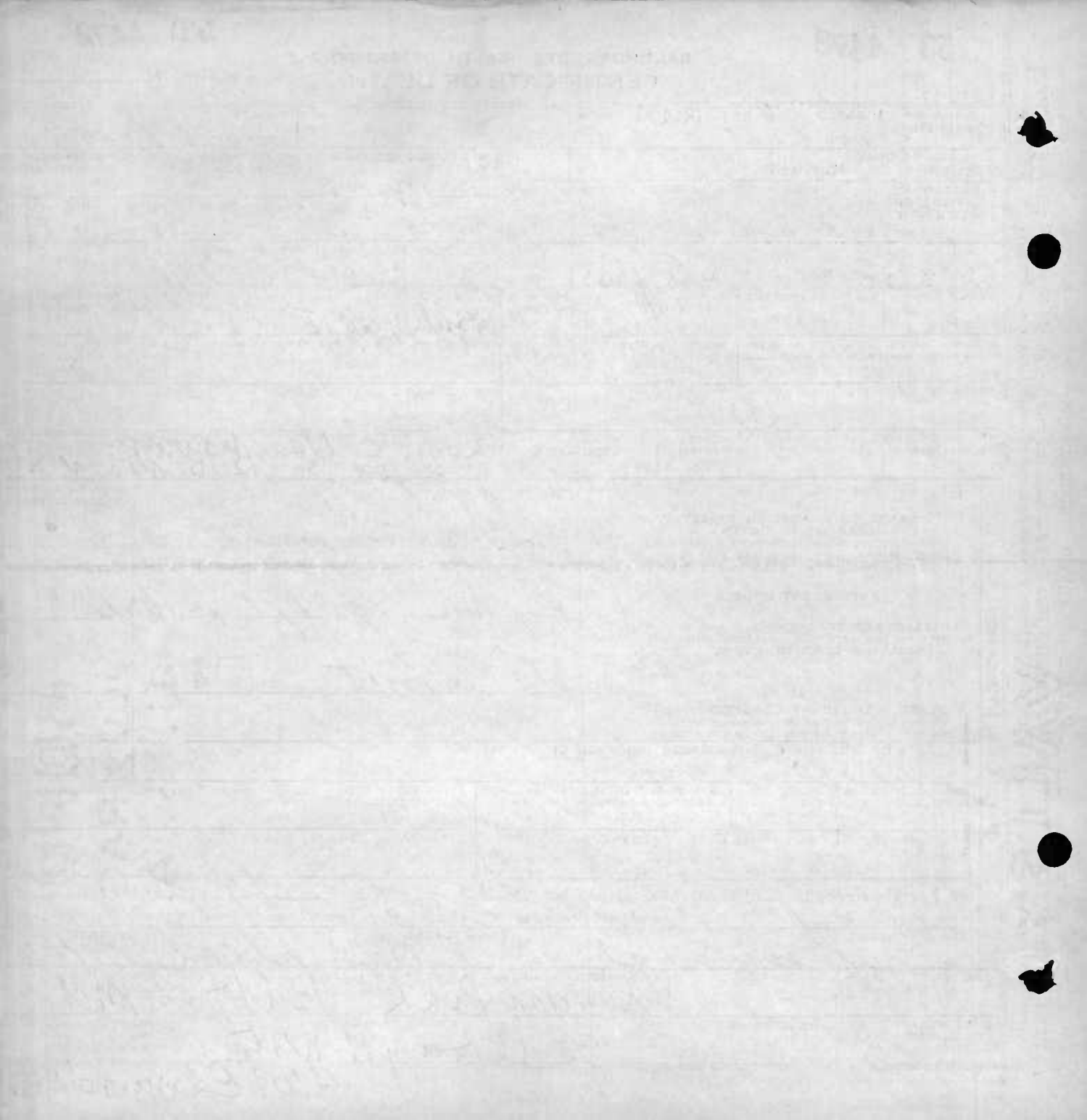
25. FUNERAL DIRECTOR

ADDRESS

Huntington

Harry H. With

412 E. Enoch



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAROLINE TILLYE BACKHUS

2. DATE
OF
DEATH

May 9th, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1507 Lakeside Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1507 Lakeside Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 26, 1896

9. AGE (In years
last birthday)

56

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

late, Frederick Liebig

14. MOTHER'S MAIDEN NAME

Sophie Abler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. Paul W. Backhus 1507 Lakeside Avenue

18.

175X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CARCINOMA of L. OVARY

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 MONTH

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

APRIL 8, 1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

MALIGNANCY

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 5, 1953 to MAY 9, 1953, that I last saw the
deceased alive on MAY 9, 1953, and that death occurred at 1240 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Davies

23B. ADDRESS

M. D. 800 W 33rd St.

23C. DATE SIGNED

5-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-12-1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 11 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.

ADDRESS

1914 33

1914 33

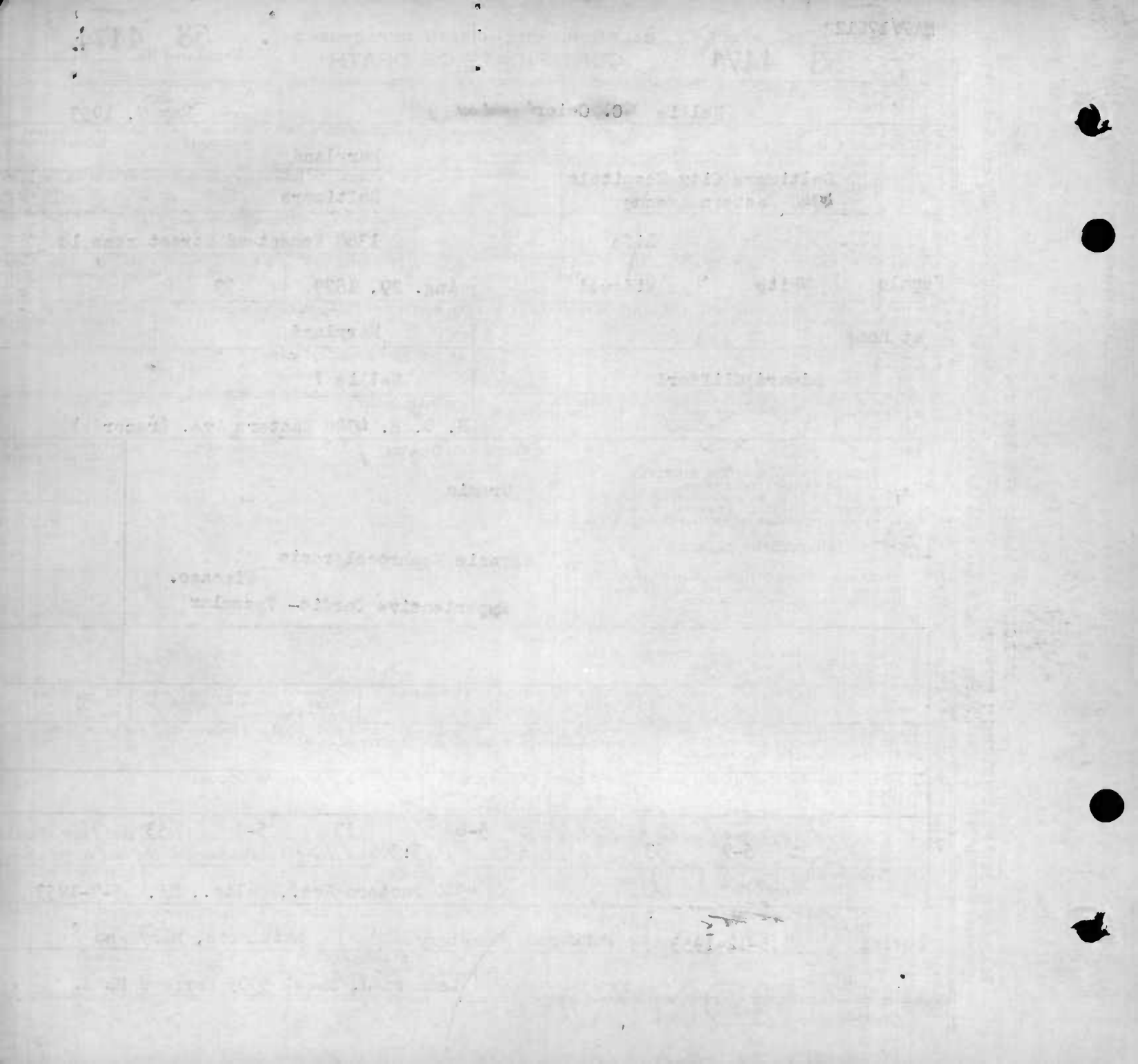


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF/170122 A-608 BIRTH NO. 53		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4474 Registered No.	
1. NAME OF DECEASED (Type or Print) Nellie C. Geier			2. DATE OF DEATH May 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-05		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1360 Homestead Street zone 18		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	B. DATE OF BIRTH Aug. 29, 1879	9. AGE (In years last birthday) 73	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Clifford			14. MOTHER'S MAIDEN NAME Nellie ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)		
18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Nephrosclerosis DUE TO Hypertensive Cardio- Vascular Disease.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-6 , 19 53 , to 5-9 , 19 53 , that I last saw the deceased alive on 5-9 , 19 53 , and that death occurred at 3:30A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Ruck</i>			23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 5-9-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-12-1953	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Leonard J. Ruck</i>		FUNERAL DIRECTOR ADDRESS Leonard J. Ruck 5305 Harford Road.	

MAY 11 1953
VS 150



Dr. Blazek
101 E. Biddle St.

53 4475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4475

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Joseph J. Terzoni		2. DATE OF DEATH May 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3014 Chesley Avenue		D. STREET ADDRESS (If rural, give location) 3014 Chesley Avenue		27-05	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 31, 1907	9. AGE (In years last birthday) 45	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter, Bethel Steel Company		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jessup, Pennsylvania	
13. FATHER'S NAME Carmon Terzoni		14. MOTHER'S MAIDEN NAME Frances ?		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Lillian N. Terzoni 3014 Chesley Ave.	
18. 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Caecia ova of liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 1952 , to 5/11, 1953 , that I last saw the deceased alive on 5/8, 1953 , and that death occurred at 3:30 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Blazek M. D.		23B. ADDRESS 101 E. Biddle St		23C. DATE SIGNED 5/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 14, 1953		24C. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	
24D. LOCATION (City, town, or county) (State) Jessup, Pennsylvania		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road #14		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			

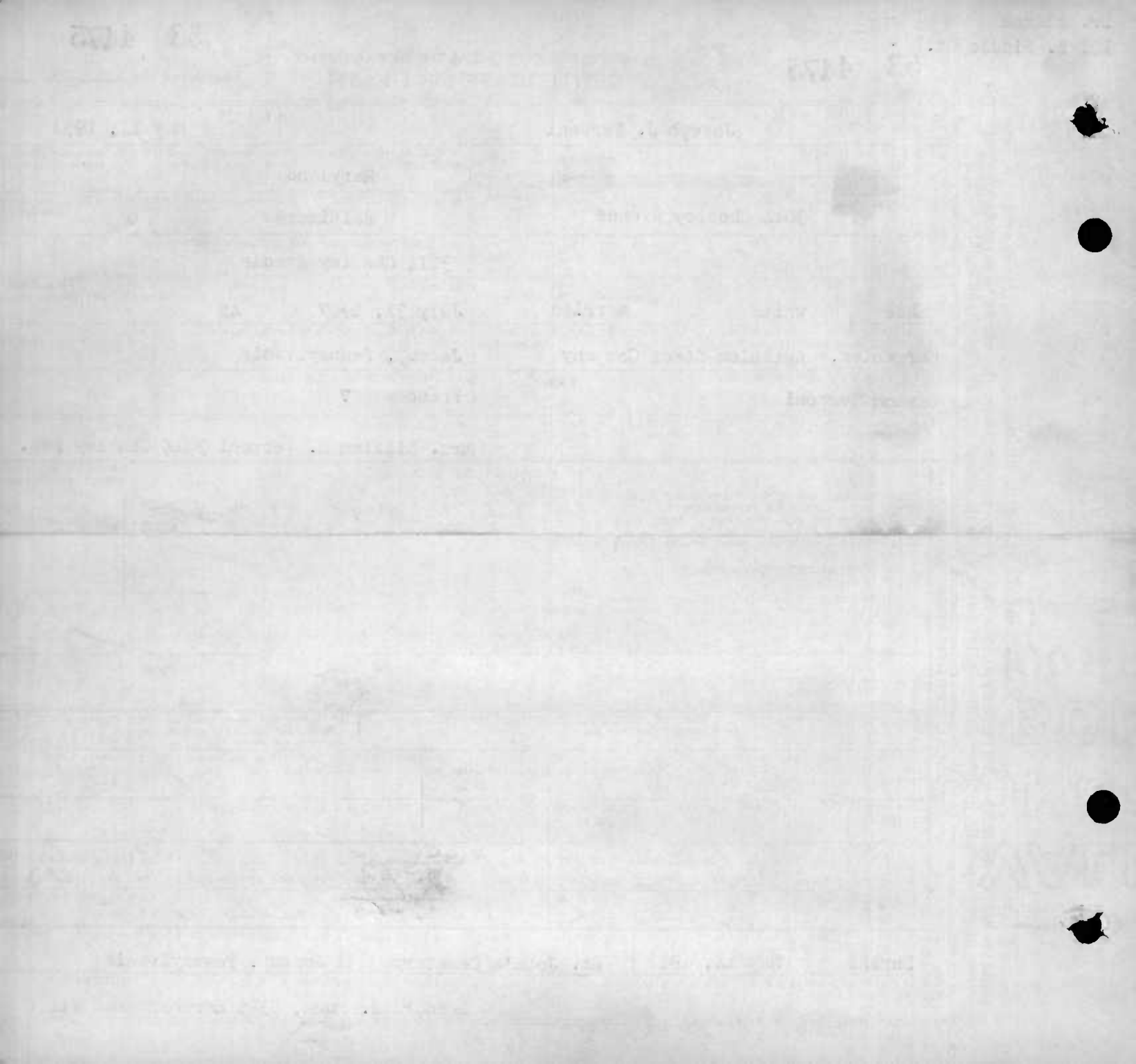
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

VS 150

510 3U



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4476	
BIRTH NO. 53 4476					
1. NAME OF DECEASED (Type or Print) Joseph Gorski			2. DATE OF DEATH 5-10-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 37 Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #2 22-02		
C. Length of stay in Baltimore 37			D. STREET ADDRESS (If rural, give location) 308 W. Camden St		
5. SEX male	6. COLOR OR RACE white	7. <input checked="" type="radio"/> SINGLE <input type="radio"/> MARRIED, <input type="radio"/> WIDOWED, <input type="radio"/> DIVORCED (Specify)	8. DATE OF BIRTH 4-11-1916	9. AGE (in years last birthday) 37	<input type="checkbox"/> If Under 1 Year <input type="checkbox"/> Months: <input type="checkbox"/> Days: <input type="checkbox"/> Hours: <input type="checkbox"/> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Painter	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Anthony Gorski			14. MOTHER'S MAIDEN NAME Catherine Kozlowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-07-2657	17. INFORMANT ADDRESS <input checked="" type="checkbox"/>		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO (A) ANTECEDENT CAUSES (B) Vesical Neck Obstruction DUE TO (C) Terminal Uremia			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 4/26/53		19B. MAJOR FINDINGS OF OPERATION Vesical Neck Obstruction		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-8-53 , 19__, to 5-10-53 , 19__, that I last saw the deceased alive on 5-10-53 , 19__, and that death occurred at 8:40 m., from the causes and on the date stated above.					
23A. SIGNATURE C. R. Laska		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 5-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-14-1953		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) A.A. Co. Md.		24E. NAME OF CEMETERY OR CREMATORY Huntington Williams			
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953		REGISTRAR'S SIGNATURE Wm. S. Fialkowski		25. FUNERAL DIRECTOR ADDRESS 2007 Eastern Ave.	
VS 150 56424					

CERTIFICATE OF DEATH

1948



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4477

1. NAME OF DECEASED (Type or Print) <i>FREDERICK Henry, W.</i>		2. DATE OF DEATH <i>May 9th. 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence) A. STATE <i>MD.</i> B. COUNTY <i>Baltimore</i> before admission	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>SINAI HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Dundalk</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>713 OLD NORTH POINT RD.</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>JAN. 25, 1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>WATCHMAN</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>U. S. F & G.</i>	9. AGE (in years last birthday) <i>58</i>
13. FATHER'S NAME <i>WILLIAM FREDERICK</i>		11. BIRTHPLACE (State or foreign country) <i>BALTIMORE, MD.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO. <i>NO</i>		14. MOTHER'S MAIDEN NAME <i>ELIZABETH HEINZE</i>	
17. INFORMANT <i>ELIZABETH FREDERICK</i>		ADDRESS <i>SAME</i>	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CAUSE OF DEATH</i> <i>Acute Coronary thrombosis</i> DUE TO <i>Anterolateral heart disease</i> DUE TO <i>Congestive heart failure</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/28</i> 1953 to <i>May 9</i> , 1953 that I last saw the deceased alive on <i>May 9</i> , 1953 and that death occurred at <i>6:52</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>J. Danbowsky</i>		23B. ADDRESS <i>Sinai Hospital</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURNAL</i>		24B. DATE <i>5-13-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>FIRST UNITED EV. CEM.</i>		24D. LOCATION (City, town, or county) (State) <i>O'DONNELL ST BALTO., MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR <i>Charles S. Guler</i>	
REGISTRAR'S SIGNATURE		ADDRESS <i>901 S. CONKLING ST. BALTO., MD.</i>	

1974

UNITED STATES DEPARTMENT OF AGRICULTURE

1974

COOPERATIVE
EXTENSION SERVICE
NATIONAL CENTER FOR
FAMILY AND CONSUMER
SCIENCE EDUCATION
WASHINGTON, D.C. 20250



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4478BIRTH NO. 53 4478

1. NAME OF DECEASED (Type or Print) <u>Hoehn, Crescentia M.</u>			2. DATE OF DEATH <u>5/8/53</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 26-07</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <u>4005 Conkling St.</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12/1/96</u>	9. AGE (in years last birthday) <u>56</u>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME.</u>		
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Joseph Wenger</u>			14. MOTHER'S MAIDEN NAME <u>Crescentia Fischer</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		
17. INFORMANT <u>WM. H. HOEHN</u>			ADDRESS <u>400 S. CONKLING ST.</u>		
18. <u>751x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Asphyxiation</u> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Laryngeal Edema</u> DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Meningococci</u>					
19a. DATE OF OPERATION <u>5/8/53</u>			19b. MAJOR FINDINGS OF OPERATION <u>Meningococci - craniotomy</u>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>5/8/53</u> , 19 <u>53</u> , to <u>5/8/</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/8/</u> , 19 <u>53</u> , and that death occurred at <u>3:35 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Frank J. Theunhauff</u>			23b. ADDRESS <u>Mercy Hospital</u>		
23c. DATE SIGNED <u>5/8/53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			24b. DATE <u>5-12-53</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART CEM.</u>			24d. LOCATION (City, town, or county) (State) <u>7401 GERMAN HILL RD., MD.</u>		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE		
25. FUNERAL DIRECTOR <u>Charles S. Seiler</u>			ADDRESS <u>901 S. CONKLING ST. BALTO., 24, MD.</u>		

118 118

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-525

* This age was given by patient when he was discharged. The family state the correct age is 68. The actual birth date is unknown. *John D. Matheny, M.D., Resident Physician*

53 4479

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Horace Hyson

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Cpl 2

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

18 Yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Farming

13. FATHER'S NAME

Emory Hyson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

7-10-84

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *490X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary infarction

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia LUL

2-3 weeks

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-24*, 1953, to *5-7*, 1953, that I last saw the deceased alive on *5-7*, 1953, and that death occurred at *7:34 P.m.*, from the causes and on the date stated above

23A. SIGNATURE

Carl H. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May-11-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

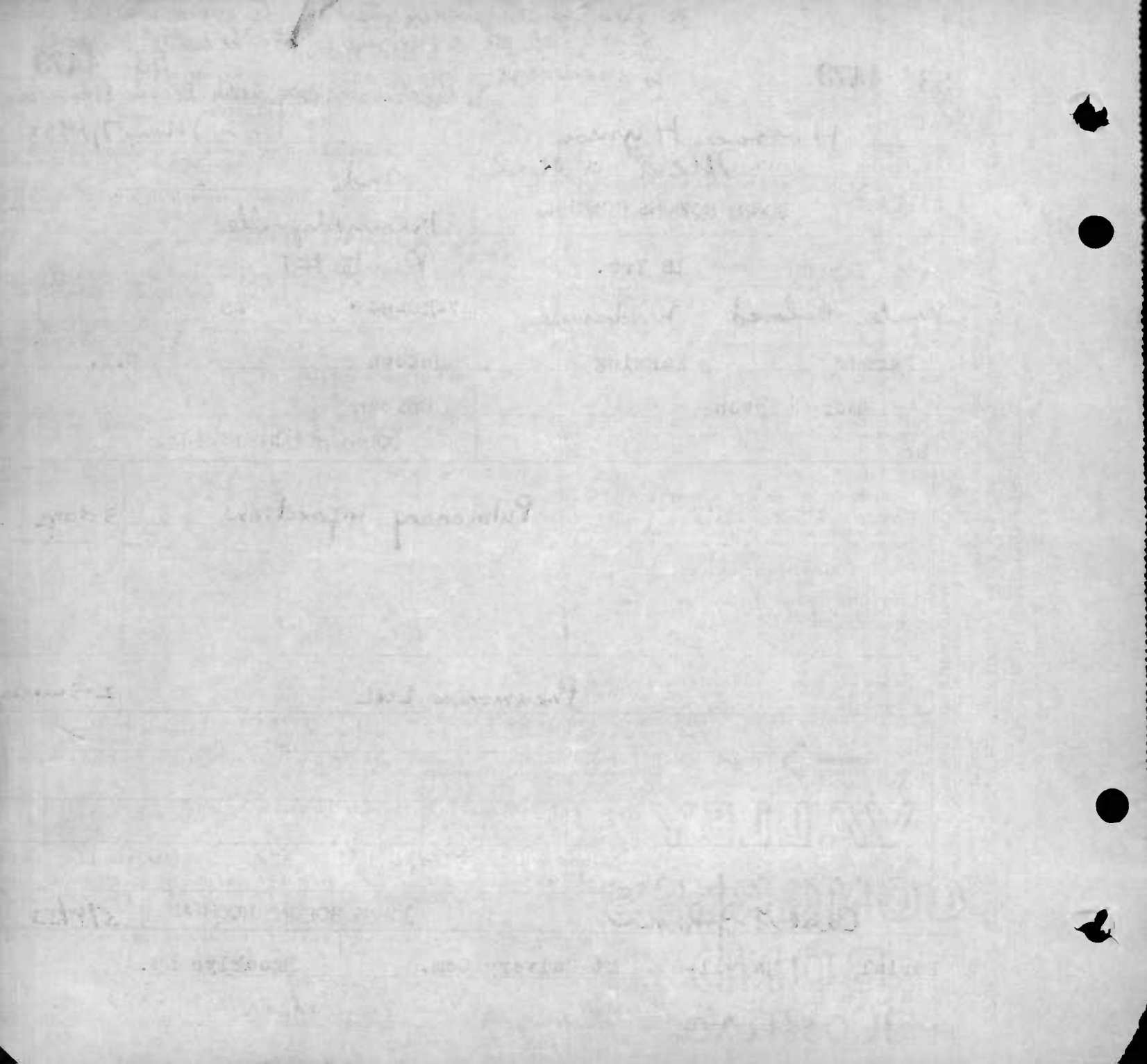
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

10000



53 4480
Registered No. _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-170180 -236 53 4480		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X 53 4480 Registered No.	
1. NAME OF DECEASED (Type or Print) Vanilla Lester			2. DATE OF DEATH May 8-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Salt's, city			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Middle River		
D. STREET ADDRESS (If rural, give location) 942 Bengles Road zone 20 5354			E. LENGTH OF STAY IN BALTIMORE 8yrs.		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12-1915	9. AGE (In years last birthday) 37	10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Green Price			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Records: Baltimore City Hospitals 4940 Eastern Ave.			18. MOTHER'S MAIDEN NAME Ola McKenion (McKension)		
18. 151X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Stomach with perforation and direct extension to the Liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT COINCIDENTS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR COINCIDENT CAUSING IT.					
19A. DATE OF OPERATION 5-8-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-8-53 , 19 53 , to 5-8-53 , 19 53 , that I last saw the deceased alive on 5-8-53 , 19 53 , and that death occurred at 11.20A.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. H. Williams		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED May 9-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-12-53		24C. NAME OF CEMETERY OR CREMATORY Essex Ave	
24D. LOCATION (City, town, or county) (State) Essex Md		25. FUNERAL DIRECTOR Huntington Williams, 412 Lloyd W. Wilson, 1000 Bunker			
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953					

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of the...
of the...
of the...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4481**

BIRTH NO. **53 4481**

1. NAME OF DECEASED (Type or Print) EMMA J. REINKE			2. DATE OF DEATH 5-9-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-06		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 13 S. ABINGTON AVENUE		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH ABOUT 1905		9. AGE (In years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE		10B. KIND OF BUSINESS OR INDUSTRY HOSPITAL	11. BIRTHPLACE (State or foreign country) UNKNOWN		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNKNOWN SKEAN			14. MOTHER'S MAIDEN NAME CAROLINE UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 213-09-4689	17. INFORMANT ADDRESS MRS. AGNES REHS TOCK, 13 S. ABINGTON		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) TUBERCULOUS PERITONITIS		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES PULMONARY T.B.		?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. GASTRIC ULCER		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 4-24-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED ABDOMINAL MASS.	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-12**, 19**53**, to **5-9**, 19**53**, that I last saw the deceased alive on **5-9**, 19**53**, and that death occurred at **9:05 pm.**, from the causes and on the date stated above.

23A. SIGNATURE Hammery	23B. ADDRESS UNIVERSITY HOP.	23C. DATE SIGNED 5-9-53
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24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24B. DATE 5/12/53	24C. NAME OF CEMETERY OR CREMATORY INGLEWOOD PARK	24D. LOCATION (City, town, or county) (State) LONG BEACH, CALIFORNIA
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DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc. 1217 ST. PAUL ST.
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7818T

1911 10

RECEIVED

1911 10

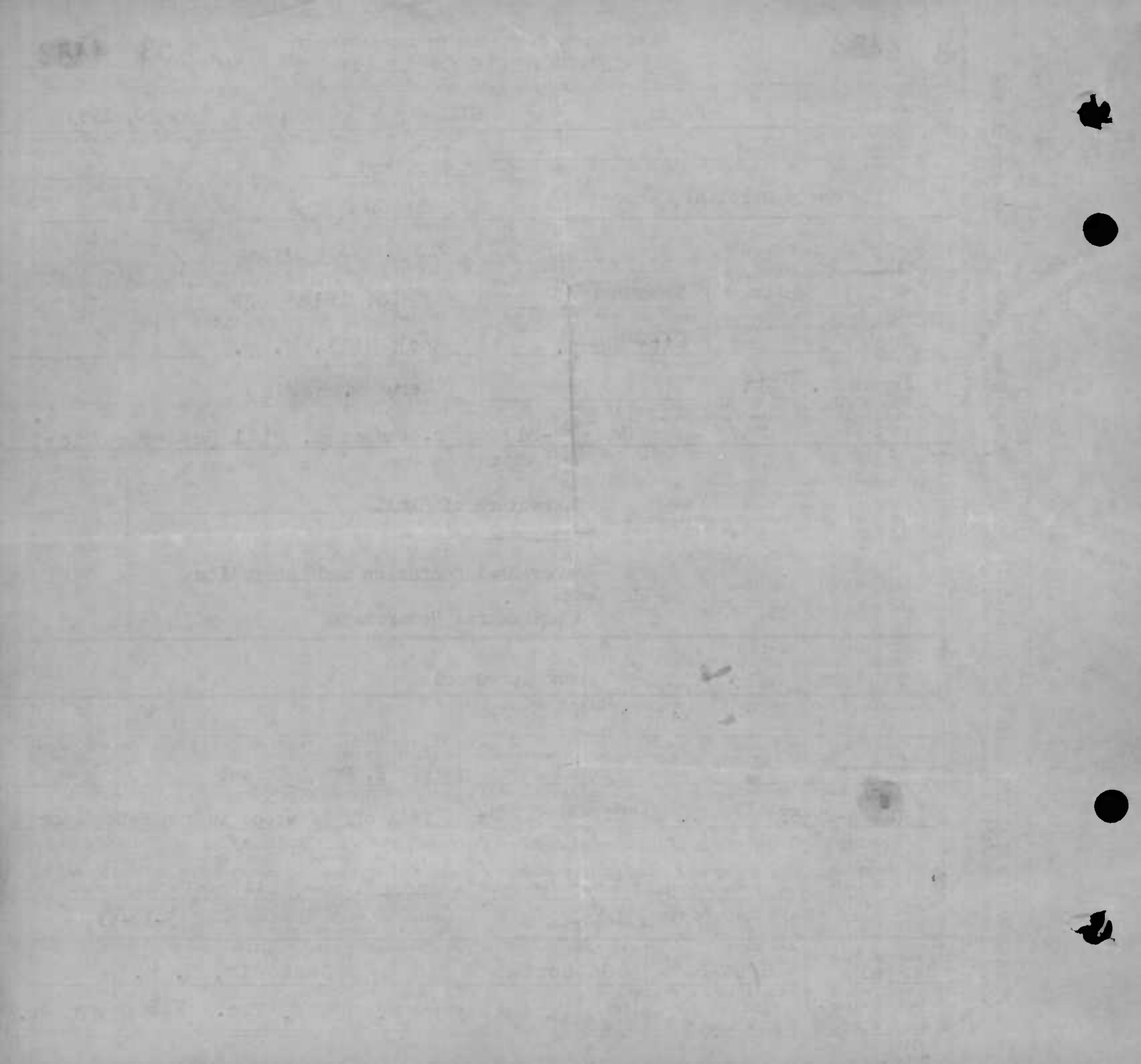


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4482	
BIRTH NO. 53 4482					
1. NAME OF DECEASED (Type or Print) JAMES HILL			2. DATE OF DEATH May 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 212 E. Pratt Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 13, 1913	9. AGE (In years last birthday) 39	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY City Hosp.		11. BIRTHPLACE (State or foreign country) Rock Hill, N. C.	
13. FATHER'S NAME James A. Hill			14. MOTHER'S MAIDEN NAME Mary R. Revis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 244-09-3119		17. INFORMANT ADDRESS Mr. James A. Hill Bessemer City, N. C.	
18. E 902.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Fracture of Skull XXXX (B) Cerebral Contusion and Laceration XXXX (C) Extradural Hemorrhage INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchopneumonia					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) bar room		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 211 E. Pratt Street	
21D. TIME (Month) (Day) (Year) (Hour) 4-29-53 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? fell off of stool to concrete floor	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 5-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/14/53		24C. NAME OF CEMETERY OR CREMATORY Gastonia	
24D. LOCATION (City, town, or county) (State) Gastonia, N. C.		25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, Inc. 715 Light St.			



CERTIFICATE ATTENDED 5/12/53 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4483
Registered No.

53 4483

BIRTH NO. 53-10476

1. NAME OF DECEASED
(Type or Print)

BABY GIRL PAIRO

2. DATE
OF
DEATH

May 11 "1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Hospital for Women of Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 29- 28-07

D. STREET ADDRESS (If rural, give location)

900 Books Lane

C. Length of stay in Baltimore

-

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

May 11 "1953

9. AGE (in years
last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

6 48

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Preston Abernethie Pairo, Jr.

14. MOTHER'S MAIDEN NAME

Carol May Rupprecht

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Preston A. Pairo Jr. 900 Books Lane 29

18. 774 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intercranial bleeding

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Blood dyscrasia

DUE TO

(C) Prematurity

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

24

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from May 11, 1953, to May 11, 1953, that I last saw the deceased alive on May 11, 1953, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

F. M. Jorgensen

23B. ADDRESS

Women's Hospital

23C. DATE SIGNED

May 11 - 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 12 1953

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John F. Gensel

ADDRESS

5311 Edmondson Ave.

spoke to Dr. John Savage, who delivered baby.

"In spite of weight conforming to standard normal weight,
baby had appearance of premature infant, last
menstrual period of mother bore out premature term also.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 4484
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LUCILLE JONES			2. DATE OF DEATH 5-11-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 13-09		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2845 Woodbrook Ave		
5. SEX F	6. COLOR OR RACE E	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH 5/16/1936	9. AGE (In years last birthday) 16	H Under 1 Year Months: _____ Days: _____ H Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME Andrew Jones			14. MOTHER'S MAIDEN NAME Thelma Dean		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	17. INFORMANT Thelma Jones ADDRESS 2845 Woodbrook <input checked="" type="checkbox"/> am		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MILIARY TUBERCULOSIS, lungs			CAUSE OF DEATH (A) MILIARY TUBERCULOSIS DUE TO _____ (B) _____ DUE TO _____ (C) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. —			INTERVAL BETWEEN ONSET AND DEATH —		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? —	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) —		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? —	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from 5-7-53 , 1953 to 5-11-53 , 1953 that I last saw the deceased alive on 5-11-53 , 1953, and that death occurred at 2:30 AM , from the causes and on the date stated above.					
23A. SIGNATURE Harry M. Welsh		23B. ADDRESS University Hospital		23C. DATE SIGNED 5-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/16/53		24C. NAME OF CEMETERY OR CREMATORY West Auburn St	
24D. LOCATION (City, town, or county) Balt City		24E. LOCATION (State) —		25. FUNERAL DIRECTOR Isaiah L. Brown & Son	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD		ADDRESS —	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Directive from Balto. City Bureau of Tuberculosis

2011-2012
an

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4485

Registered No. _____

53 4485

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

RAE BOGAT

2. DATE
OF
DEATH

5-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2516 Queen Ann Road Baltimore 28-03

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

2516 Queen Ann Road

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sol. A Bogat - Same

18. 201 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Hodgkin's Disease

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1952 to May 1953, that I last saw the
deceased alive on May 1953, and that death occurred at 7 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Haulenger Jr
1207 Eataw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-145

53 4486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4486

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>ANNA CRYLAN</i>		2. DATE OF DEATH <i>MAY 11, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2534 E. BALTO. ST</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO</i> <i>6-02</i>	
c. Length of stay in Baltimore <i>40</i> Yrs. <i>40</i> Mos. <i>40</i> Days		D. STREET ADDRESS (If rural, give location) <i>2534 E. BALTO ST</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>68</i> If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>LITH</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>JACOB WILSON</i>		14. MOTHER'S MAIDEN NAME <i>ROSE GERTRUDE</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOE MIGNONG</i>		ADDRESS <i>- 2534 E. BALTO ST</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute myocardial infarction</i> DUE TO <i>coronary arteriosclerosis and calcific aortic stenosis</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Generalized atherosclerosis.</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Congestive cardiac failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>usually</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>January 3, 1953</i> , to <i>May 11</i> , 1953, that I last saw the deceased alive on <i>May 8</i> , 1953, and that death occurred at <i>7:25 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Chas. Benecio</i>		23B. ADDRESS <i>1109 N. Calvert Street - 2</i>	
23C. DATE SIGNED <i>May 11, 1953</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 12, 1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Roseville</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 12 1953</i>		REGISTRAR'S SIGNATURE <i>H. Kingston Williams</i>	
25. FUNERAL DIRECTOR <i>St. Louis Inc.</i>		ADDRESS <i>2100 Ectaw PL</i>	

Genevieve
1109 No Calvert St
2:30 PM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-524		BALTIMORE CITY HEALTH DEPARTMENT		53 4487		Registered No. 53 4487	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Sam Engel		2. DATE OF DEATH May 11, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE N.Y. B. COUNTY V-29		C. CITY OR TOWN New York		D. STREET ADDRESS (If rural, give location) 621 W. 143rd St.	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
C. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH 2-10-12		9. AGE (In years last birthday) 41		10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker 10B. KIND OF BUSINESS OR INDUSTRY Own	
11. BIRTHPLACE (State or foreign country) New York, N.Y.		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Harry Engel		14. MOTHER'S MAIDEN NAME Getta Singberg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Uremia DUE TO Chronic glomerulonephritis (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 8 Years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-22, 1953, to 5-11, 1953, that I last saw the deceased alive on 5-11, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.		23A. SIGNATURE Philip A. Timm		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12 May 53	
24A. PORTAL-CADAVAR REMOVAL (Specify) Removal		24B. DATE 5/12/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Hebron		24D. LOCATION (City, town, or county) (State) Flushing L.I.-N.Y.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Cook Inc. 1217 St. Paul St.		ADDRESS	

MARGIN RESERVED FOR BINDING

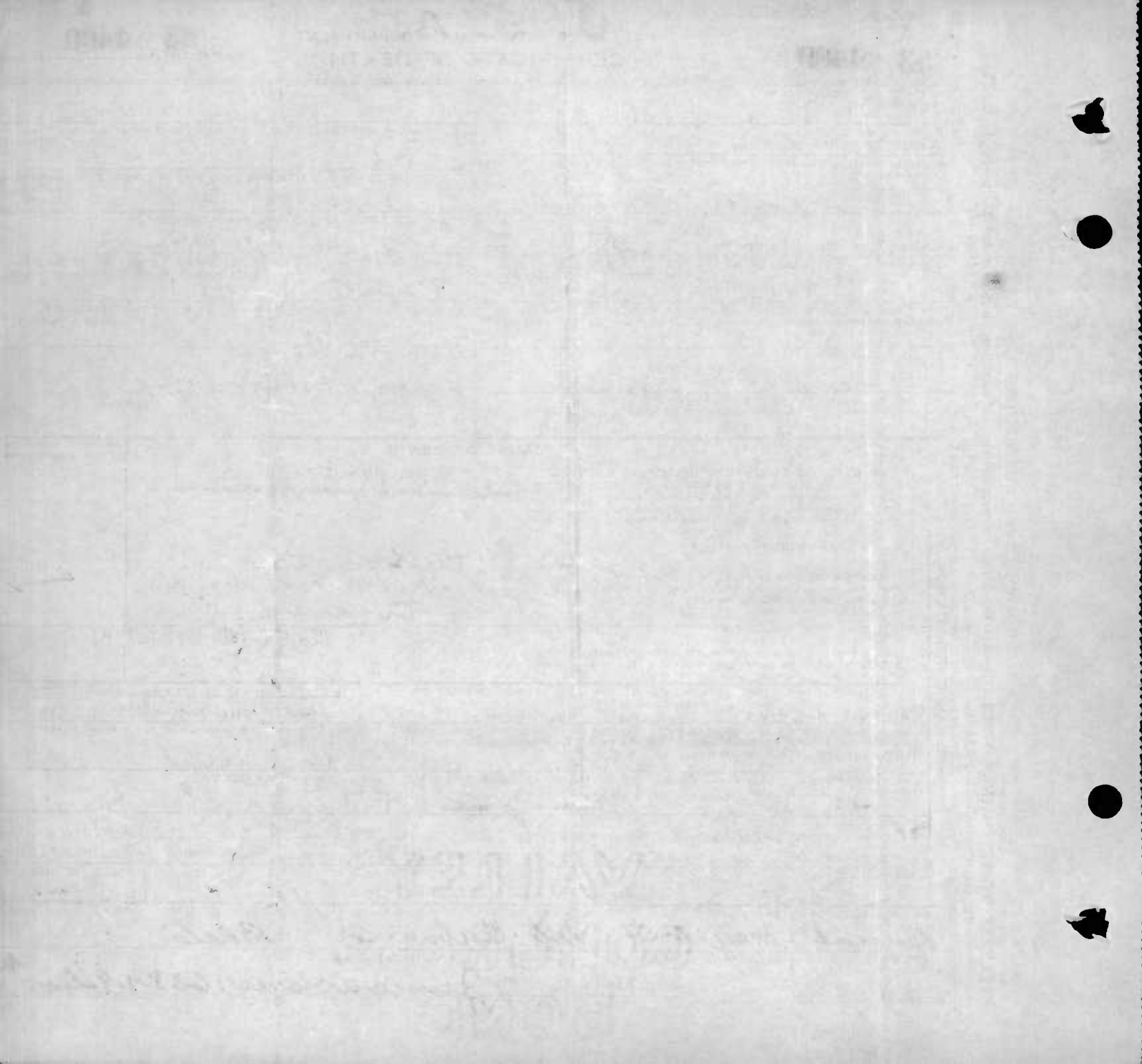
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4489		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4489 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) WALTER DUDA (DUDZIENSKI)		2. DATE OF DEATH MAY 9-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Ind.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHN'S HOPKINS		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1909 Bank St.	
c. Length of stay in Baltimore		5. SEX MALE		6. COLOR OR RACE WHITE	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 11/1905		9. AGE (In years last birthday) 53	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Keeper		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Duda Dudzienski		14. MOTHER'S MAIDEN NAME Antonieta Sziedzie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Pauline Duda	
18. E983X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Skull Fracture		CAUSE OF DEATH (A) Skull Fracture DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Severe Hemorrhage DUE TO (C) Convulsion of Brain					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) tavern		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) In front of 1600 Thames Street	
21D. TIME (Month) (Day) (Year) (Hour) May 7, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Assaulted during altercation	
22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input checked="" type="checkbox"/> undetermined <input type="checkbox"/> .		23A. SIGNATURE William J. Burdick		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED MAY 10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE May 13/53		24C. NAME OF CEMETERY OR CREMATORY 206 Rosary	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR Fred W. Ozagowski		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
VS 151		N 803.2		2906M 19308	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4490 Registered No.
1. NAME OF DECEASED (Type or Print) <u>Royce Jacobs</u>		2. DATE OF DEATH <u>5-10-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>38 University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u> <u>25-32</u>		
c. Length of stay in Baltimore <u>4</u> Yrs. <u>1</u> Mo. <u>1</u> Day		D. STREET ADDRESS (If rural, give location) <u>600 Round View Rd.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>8-20-48</u>	9. AGE (In years last birthday) <u>4</u> 10 Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>N. C.</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>Charles Jacobs</u>		
14. MOTHER'S MAIDEN NAME <u>Queen Esther Jacobs</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wat or dates of service)		
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		
18. <u>E 900.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Internal Hydrocephalus</u>		CAUSE OF DEATH <u>Expendim it is</u> (A) <u>Internal Hydrocephalus</u> DUE TO (B) <u>Drainage of Ventricle</u> DUE TO <u>For Internal Hydrocephalus</u> (C) <u>Trauma</u>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CERTIFICATION APPROVED BY <u>R. T. Fisher</u>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		21. MEDICAL CERTIFICATION		
19A. DATE OF OPERATION <u>8-20-49 4-9-41</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>Internal Hydrocephalus</u>		21A. AUTOPSY? CAUSE OF DEATH. ENTER IN PARTIAL OR FULL MEDICAL EXAMINER'S <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <u>600 Round View Rd.</u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>12-25-52</u> m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Fell down cellar stairs</u>
22. I hereby certify that I attended the deceased from <u>5-1</u> , 19 <u>53</u> to <u>5-10</u> , 19 <u>53</u> that I last saw the deceased alive on <u>5-10</u> , 19 <u>53</u> , and that death occurred at <u>4:42</u> a. m., from the causes and on the date stated above.				
23A. SIGNATURE <u>W. T. S. Lane</u>		23B. ADDRESS <u>U. S. 140511</u>		23C. DATE SIGNED <u>5-10-53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 13-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>
24D. LOCATION (City, town, or county) (State) <u>Bacto</u>		25. FUNERAL DIRECTOR ADDRESS <u>James A. Stays, 6384. 9th</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 12 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington</u>		
VS 150 <u>N 856.9</u>				



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

53 4491 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		83 4491 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>George Kessler Livezey Jr.</i>			2. DATE OF DEATH <i>May 11, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Stearns</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2813 N. Palmer Street</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Aberdeen</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>6200</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9/20/1876</i>	9. AGE (in years last birthday) <i>76</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Nature Stock Dealer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Live Stock Business</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Thomas Niece Livezey</i>		14. MOTHER'S MAIDEN NAME <i>Sylvania Stewart</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT ADDRESS <i>G. Kessler Livezey Jr. Aberdeen</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Coronary Occlusion</i> DUE TO <i>Coronary arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>15 min. 2 YRS.</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>Jan. 25, 1953</i> , to <i>May 11, 1953</i> , that I last saw the deceased alive on <i>May 10, 1953</i> , and that death occurred at <i>9:30 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Lloyd E. Saylor</i>		23B. ADDRESS <i>3902 Greenmount Ave.</i>		23C. DATE SIGNED <i>May 12, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/13/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baker's Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Aberdeen Maryland</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 12 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Henry Tarrington & Sons</i>		24H. ADDRESS <i>Aberdeen, Maryland</i>		24I.	

3462

G.M. Out.

Kayles

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4492**

53 4492

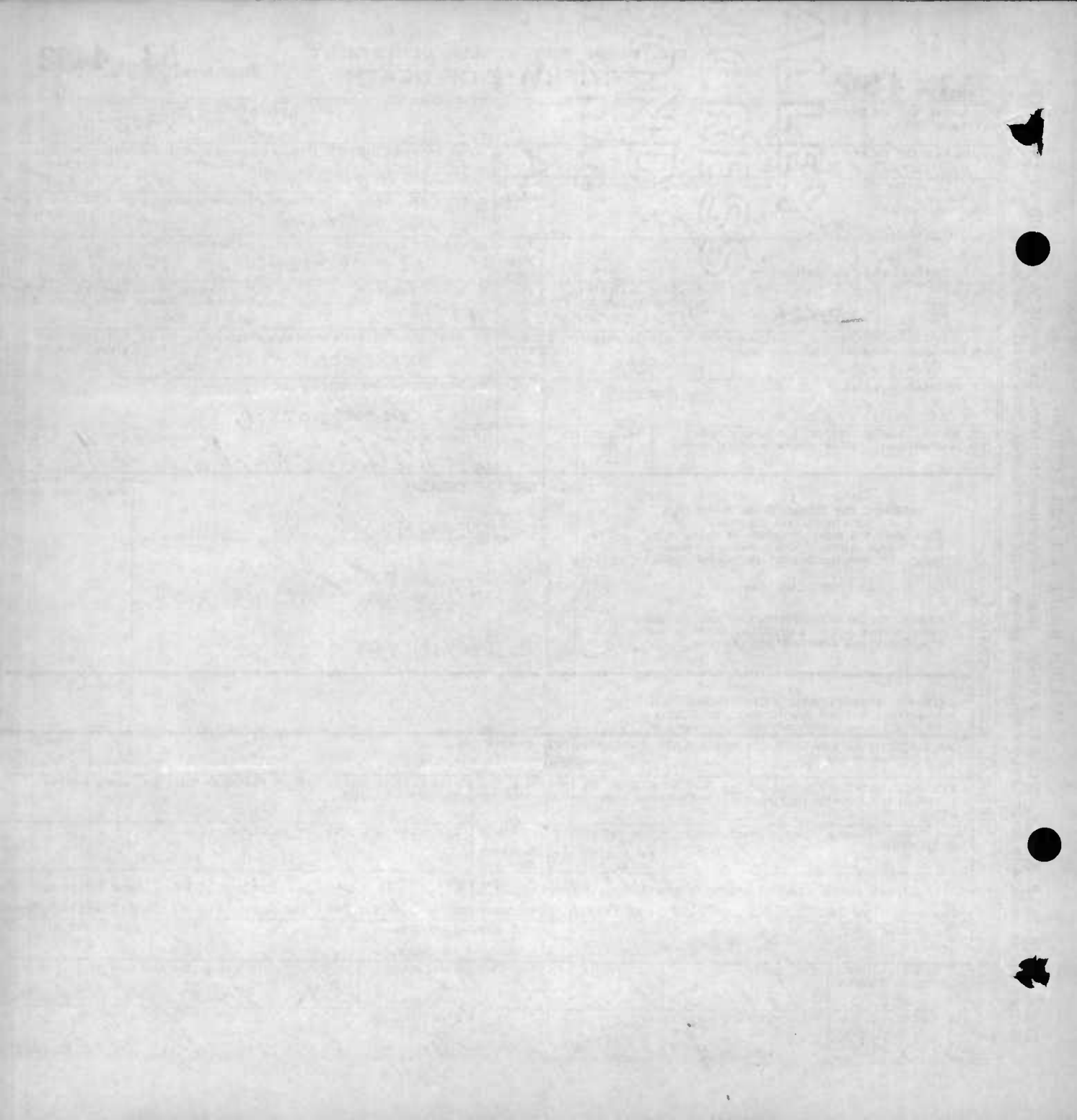
1. NAME OF DECEASED (Type or Print) MAUDE BELL			2. DATE OF DEATH 5-12-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 21-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD.		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1201 WOSTEND ST 29		
5. SEX F	6. COLOR OR RACE M	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-12-1885		9. AGE (in years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		17. INFORMANT Mrs Kathleen Rachow North Ave
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -			ADDRESS 43 E.		

18. 175X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ABDOMINAL CARCINOMATOSIS		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CARCINOMA of Ovary		

19A. DATE OF OPERATION 3-18-53		19B. MAJOR FINDINGS OF OPERATION CARCINOMA Ovary		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-16 19 53 , to 5-11 19 53 , that I last saw the deceased alive on 5-12 19 53 , and that death occurred at 210 A. m. , from the causes and on the date stated above.				
23A. SIGNATURE Arnold H. Michael		23B. ADDRESS Sinai Hosp of Balto		23C. DATE SIGNED 5-12-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/14/53	24C. NAME OF CEMETERY OR CREMATORY Landon Park Cem.	24D. LOCATION (City, town, or county) (State) 3801 Frederick Ave	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John J. Cowan & Son		
ADDRESS 4301 St Hollins				

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R. 163
53 4493BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4493
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia Robertson

2. DATE
OF
DEATH

5/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-05

D. STREET ADDRESS (If rural, give location)

3042 Fleetwood Ave.

c. Length of stay in Baltimore

60

X Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/11/93

9. AGE (In years
last birthday)

60

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Dreyer

14. MOTHER'S MAIDEN NAME

Julia Winterling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
HUSBAND 3042 Fleetwood Ave

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Respiratory failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary metastases

DUE TO

(C) Gen. carcinomatosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Carcinoma left breast

6 yrs.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9, 1953, to 5/10, 1953, that I last saw the
deceased alive on 5/10, 1953, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stumpff

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

5/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/13/53

24C. NAME OF CEMETERY OR CREMATORY

Fleetwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Paul Kellmann

ADDRESS

6067 Stanford Rd

VS 150

5804 X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 4494

 BIRTH NO. 53 4494

1. NAME OF DECEASED (Type or Print) <u>Francis Cook</u>		2. DATE OF DEATH <u>11th May 1953</u> <u>6-30 A M</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1200 Valley St.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>10-01</u>	
D. STREET ADDRESS (If rural, give location) <u>1200 Valley St.</u>		E. LENGTH OF STAY IN BALTIMORE <u>5 yrs</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>7 June 1863</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>89</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <u>Simon Burger</u>		14. MOTHER'S MAIDEN NAME <u>Anna Gress</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Little Sisters of the Poor</u>		ADDRESS	
18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u> DUE TO ANTECEDENT CAUSES <u>Arterio-Sclerosis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>5 yrs</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 2-</u> , 1953, to <u>May 11</u> , 1953, that I last saw the deceased alive on <u>May-9</u> , 1953, and that death occurred at <u>6-30 A.M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>E. Gill Hall</u>		23B. ADDRESS <u>1631 E North Ave</u>	
23C. DATE SIGNED <u>May 11-53</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 13/53</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Parkewood</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 12 1953</u>		REGISTRAR'S SIGNATURE <u>W. H. Williams</u>	
25. FUNERAL DIRECTOR <u>Peter Wiedefeld</u>		ADDRESS <u>900 E. Biddle St</u>	

1000 10 10

THE UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATE OF ANALYSIS

1000 10 10

U. S. DEPARTMENT OF AGRICULTURE

WASHINGTON

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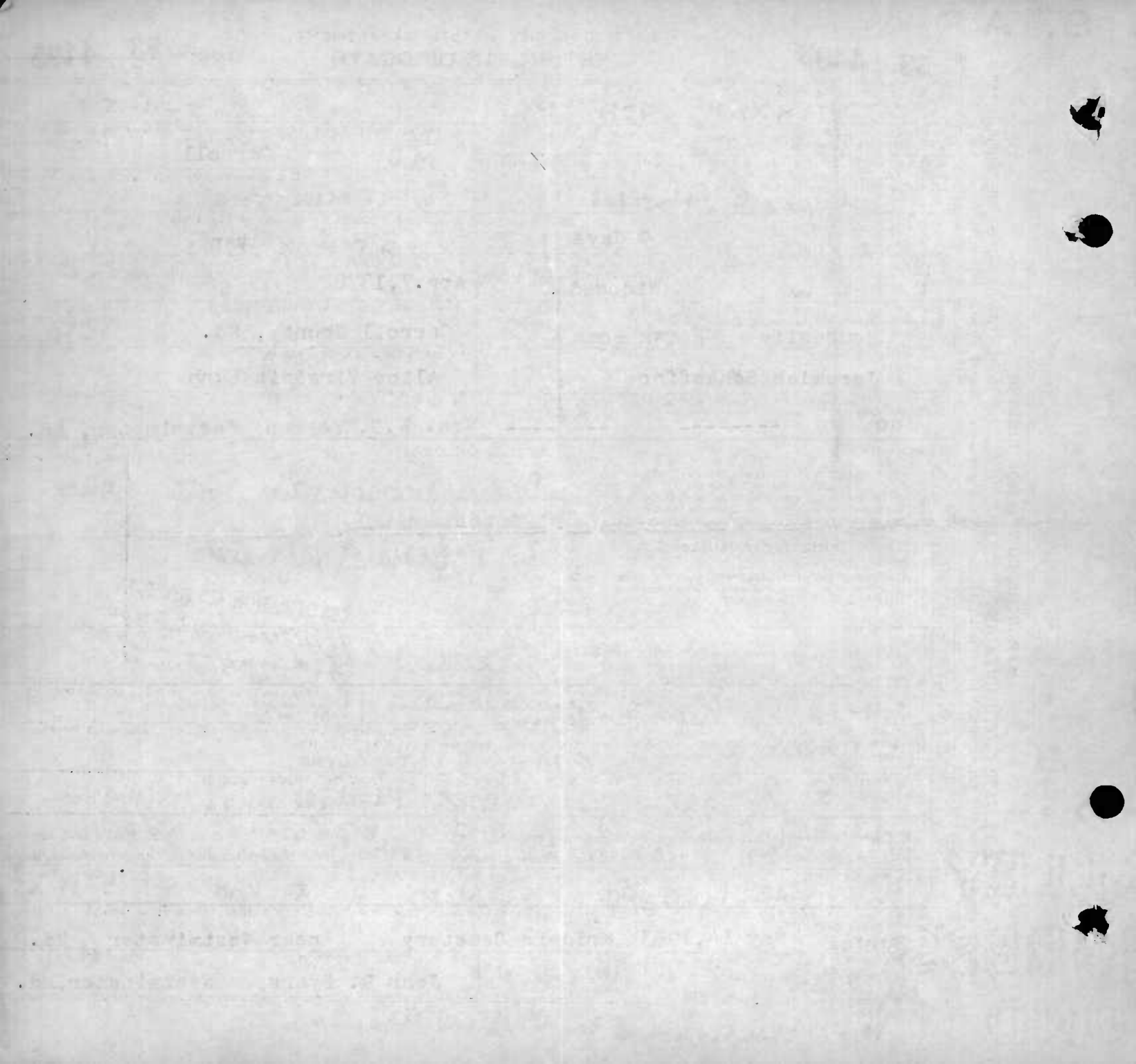
1000 10 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered 53 4495	
BIRTH NO. 53 4495		1. NAME OF DECEASED (Type or Print) STERNER, ADA MAE		2. DATE OF DEATH 5-11-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Carroll			
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WESTMINSTER			
C. Length of stay in Baltimore 9 days		D. STREET ADDRESS (If rural, give location) 168 Penna Avenue 5641			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 7, 1878	9. AGE (in years last birthday) 75	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Carroll County, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jeremiah Schaeffer			14. MOTHER'S MAIDEN NAME Alice Virginia Bush		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT ADDRESS Mrs. W.D. Freyman Westminster, Md.		
18. E903.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Cardiac decompensation, with pulmonary edema, R.O. Myocardial infarction (B) Fracture (C) -----		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture					
19A. DATE OF OPERATION 5-9-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED fracture intertrochanteric femur		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? at home	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5 2 53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pt. fell down to floor.	
22. I hereby certify that I attended the deceased from 5-2, 1953, to 5-11, 1953, that I last saw the deceased alive on 5-11, 1953, and that death occurred at 12 NOON, from the causes and on the date stated above.					
23A. SIGNATURE L. Felipe Gonzalez		23B. ADDRESS U.H. Balto. Md.		23C. DATE SIGNED 5-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 14, 1953		24C. NAME OF CEMETERY OR CREMATORY Kriders Cemetery	
24D. LOCATION (City, town, or county) (State) near Westminster Md.		25. FUNERAL DIRECTOR ADDRESS John R. Byers Westminster, Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1953					
REGISTRAR'S SIGNATURE Huntington Williams, M.D.					
To be counter signed by Medical Examiner. N 821.0					

MEDICAL CERTIFICATION



F-652
53 4496BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4496

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Norothy French

2. DATE
OF
DEATH

May 8 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

130 S. Dallas St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 3-01

D. STREET ADDRESS (If rural, give location)

130 S. Dallas St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Caucas

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec 6, 1912

9. AGE (in years
last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Port News Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Kennedy

14. MOTHER'S MAIDEN NAME

Ogie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Annie Mae James

18. 722.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ① Hypostatic pneumonia,
② Multiple emboli.
(B) ③ Rheumatoid arthritis2 days.
?
?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 1953 to 8 May, 1953, that I last saw the
deceased alive on 7 May, 1953, and that death occurred at 9: A. m., from the causes and on the date stated above.

23A. SIGNATURE

G. C. Burwell

M. D.

23B. ADDRESS

620 Giesseuth St

23C. DATE SIGNED

11 May 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 12/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. U. County Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 12 1953

25. FUNERAL DIRECTOR

Mr. Robert A. Elliot & Sons

ADDRESS

1129 N. Carolina St.

1901

1901

STATE OF NEW YORK

CERTIFICATE OF DEATH

1901

1901

1901

CAUSE OF DEATH

DEATH OF

DEATH OF

DEATH OF

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DEATH OF

5-363
53 4497BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4497

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hattie Sturdivant

2. DATE
OF
DEATH

5-8-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Josephs Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 7-06

D. STREET ADDRESS (If rural, give location)

2006 Boone St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 18 1910

9. AGE (In years
last birthday)

42

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maid

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Watt Tyson

14. MOTHER'S MAIDEN NAME

Frances Tyson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mildred Tyson

18. E981X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of Head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

house

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

532 E. 22nd St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
May 8, 1953 8:20 P. m.21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot by husband

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

W. W. W. W.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

5-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

May 12/53

24C. NAME OF CEMETERY OR CREMATORY

Huntington

24D. LOCATION (City, town, or county) (State)

Wadsworth N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Mrs. Robert A. Elliott & Daughter

ADDRESS

7208A 1129 N. Carolina St.

VS 151

N 803.4

7208A

1129 N. Carolina St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1914 85

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1914 85

8-3-

My dear Mr. [illegible]

Very truly yours,

[illegible signature]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-62

BRACY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4498

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Cladys BRACY</i>			2. DATE OF DEATH <i>5/8/53</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD</i> b. COUNTY <i>8-06</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 UNIV. HOSP.</i>			c. CITY OR TOWN <i>Balt.</i>		
c. Length of stay in Baltimore <i>5 yrs</i>			d. STREET ADDRESS (If rural, give location) <i>1607 No. Wolfe ST.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED* (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 30, 1927</i>		9. AGE (In years last birthday) Months: Days <i>26</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>va.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Benjamin Brac</i>			14. MOTHER'S MAIDEN NAME <i>Blanche ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Lawrence Bracy 6077 McK ST</i>		
18. <i>645.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>RUPTURED Ectopic PREG.</i>			CAUSE OF DEATH <i>RUPTURED Ectopic PREG.</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/8</i> , 19 <i>53</i> , to <i>5/8</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5/8</i> , 19 <i>53</i> , and that death occurred at <i>7 P. M.</i> from the causes and on the date stated above.					
23a. SIGNATURE <i>Michael J. Foley</i>			23b. ADDRESS <i>Univ. Hosp.</i>		23c. DATE SIGNED <i>5/8/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>5/12/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>La Croix Va.</i>		24d. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 12 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mrs. Robert G. Elliot & Son 1129 N. Caroline St.</i>	

53 4499

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4499

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Albert Wegmann, Sr.

2. DATE
OF

DEATH May 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
Baltimore CityB. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

5518 Council Street - #27

C. Length of stay in Baltimore

2 1/2 YRS.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/7/1928

9. AGE (in years
last birthday)

25 Yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bridge Draftsman

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Wegmann

14. MOTHER'S MAIDEN NAME

Gertrude Tulley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

722-15-7899

17. INFORMANT

ADDRESS

NANCY M. WEGMANN 5518 COUNCIL ST.

18. 550.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Mesenteric
Thrombosis

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Acute Gangrenous
Perforated Appendicitis

(C) DUE TO

6 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

MAY 5, 1953

19B. MAJOR FINDINGS OF OPERATION

Acute Gangrenous Perforated Appendicitis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, place bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1953, to 5/11, 1953, that I last saw the
deceased alive on 5/11, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen K. Pacheco

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

May 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. L. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. L. Williams, Jr. 1328 Sulphur Sp. Rd.

VS 150

035 50

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1944

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF CALIFORNIA

1944

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH OF SPOUSE

PLACE OF DEATH OF SPOUSE

CAUSE OF DEATH OF SPOUSE

PLACE OF BIRTH OF SPOUSE

DATE OF BIRTH OF SPOUSE

SEX OF SPOUSE

AGE OF SPOUSE

EDUCATION OF SPOUSE

OCCUPATION OF SPOUSE

RELIGION OF SPOUSE

ETHNIC ORIGIN OF SPOUSE

DATE OF MARRIAGE OF SPOUSE

NAME OF SPOUSE OF SPOUSE

DATE OF DEATH OF SPOUSE OF SPOUSE

PLACE OF DEATH OF SPOUSE OF SPOUSE

CAUSE OF DEATH OF SPOUSE OF SPOUSE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53** **4500**BIRTH NO. **53** **4500**1. NAME OF DECEASED
(Type or Print)*John W. Anderson*2. DATE
OF
DEATH*May 8-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1904 N. Ausquith St

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

9-08

D. STREET ADDRESS (If rural, give location)

1904 N. Ausquith St

c. Length of stay in Baltimore

50 yrs

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr-2-1897

9. AGE (In years last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Anderson Sr

14. MOTHER'S MAIDEN NAME

Mary Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs Anne Anderson 1904 N. Ausquith St*18. *431X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Myocarditis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 wks

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar. 20, 1903* to *May 8, 1903*, that I last saw the deceased alive on *May 8, 1903* and that death occurred at *7:00 a.* m., from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Johnson

23B. ADDRESS

301 - E - 22 St.

23C. DATE SIGNED

May 12, 1903

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

May 12-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county) (State)

D. D. Co

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. W. Payner Sanders

